

EHDS/FOER/BXB

020924CNE 7487

THE TCPALM.COM NETWORK:

Classifieds Autos Employment Real Estate Archives TC Business Journal 50 Plus
The News The Tribune Press Journal Jupiter Courier Sebastian Sun WFTV

NO29-0024A

New on
The Afternoon Show
Kelley Dunn
Starting Sept. 2nd - 3 to 4 p.m. Weekdays

HOME NEWS BUSINESS SPORTS FEATURES ENTERTAINMENT WEATHER COMMUNITY

THE NEWS

- LOCAL NEWS
- OPINION
- PHOTOGRAPHERS
- ABOUT THE NEWS
- ARCHIVES
- SUBSCRIBE
- COLUMNISTS

PRINT THIS STORY | E-MAIL THIS STORY

Boy loses 3 toes on ATV

ISSUE 1

By Will Greenlee staff writer
August 20, 2002

PORT ST. LUCIE A 3-year-old boy riding an all-terrain vehicle with a Stuart man lost three toes during a weekend incident at a popular off-roading spot in an undeveloped area, police said Monday.

Although two toes from [redacted] right foot were found after the 5:28 p.m. Sunday crash, it was unclear late Monday whether any could be re-attached. A fourth toe reportedly was "mangled" by the ATV chain.

[redacted], 24, was driving the 1999 ATV near Gatlin Boulevard and Buckhart Street with [redacted] in front of him when he went over a hill, a police report states. [redacted] wasn't wearing shoes, gloves or a helmet.

"The child then screamed. He asked the child what was wrong and the child continued to cry," an officer wrote in a report. [redacted] stopped the ATV and saw that the child's toes were gone."

St. Lucie Medical Center spokeswoman Ginger King confirmed [redacted] was in the hospital Monday, but said the boy's family "wishes I do not release any information." [redacted] and relatives of [redacted] could not be reached.

Police spokesman Chuck Johnson said [redacted] is thought to be a friend of [redacted] mother. The address listed for [redacted] and [redacted] the same on the police report.

Johnson said the area of the accident has become a "focal point" for ATV activity and that it's touted on the Internet as "the place to come and ride."

"That's private property," Johnson said. "We have warned people and even cited people in the past for being on that property, which is not built out at this time."

Glassman Corp. owns more than 400 acres at Gatlin and Rosser boulevards and in May filed plans for the first homes on the property. The site plan includes 351 single-family homes that line curving streets and hidden cul-de-sacs.

Se
EXTRAS
SUB
TCPE
Mark
CLASSIFIED
AUTOS
COUPONS
PHOTO RE
PERSONALS
DINING
ADVERTISE
SPECIAL



GR
HAI

Midw
Dent
Cent

TOP
In and
OUT
MEDICAL
RECORD
MANAGE
NEW HORIZ

Boulevard and met with Baker, who allegedly acknowledged driving the ATV.

"I asked Mr. [REDACTED] if he could show me where the crash scene was, as I wanted to find the missing toes for possible reattachment," a police report states. "Mr. [REDACTED] said that he could probably find the spot, but said that it was deep in the woods and could only be reached by riding an ATV."

An officer grabbed a bucket and ice from a person at the gas station and got a ride from someone in a truck before nearing the crash scene.

"On the way I saw hundreds of people and ATVs, motorcycles, swamp buggies and other all-terrain-type vehicles and trucks," the report states.

The officer then got a ride on an ATV and tried to follow [REDACTED]. The two got separated, though [REDACTED] met the officer with a severed toe, which was put on ice. [REDACTED] eventually found another toe, which also was put on ice.

Police turned the toes over to the St. Lucie County Fire District, which rushed them to St. Lucie Medical Center.

A police sergeant contacted the St. Lucie County Sheriff's office and one of its helicopters used a PA system to direct people off the property.

"From a common-sense perspective, it is not a good idea to put a 3-year-old on an ATV, take him out in the middle of the woods with no safety equipment and no proper clothing," Johnson said. "However, I've learned that everyone doesn't think like we do."

TREASURE

RN
LPN
CNA
ROYAL PALM
CONVALESC

RNs • LP

Elite CareG

GENERA
ACCOU
Hutchinson
Marriott

SALES M

LA WEIGHT
CENTERS

TRUST A

FIRST UNIC

MEDICAL
FMC Treasu
Kidney Cent

MO



1. Task Number 031217HCC1258		2. Investigator's ID 8026		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2003 04 16	5. Date Initiated YR MO DAY 2003 12 29		
6. Synopsis of Accident or Complaint UPC A 40 year-old-man, the driver, and a passenger were riding together on a 4 wheel ATV (all terrain vehicle) in the afternoon. They wore no safety helmets. The ATV failed to stop when it entered a 2 lane road. The ATV was hit immediately upon entering the two lane road by a pick up truck. The driver and passenger were ejected off the ATV. The driver died from internal trauma injuries. The passenger survived. <div style="text-align: right;"> <p>MFRI/PRV LBR NOTIFIED</p> <p>COMMENTS: <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input checked="" type="checkbox"/> OVERRULED. <input checked="" type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA Exs <u>25C</u></p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> </div>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City LAKE CITY		9. State FL
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name ETON		10C. Model Number YUKON II
10D. Manufacturer Name and Address ETON AMERICA, L.L.C. 109 Southwest Drive Spartanburg, SC				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 40	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 87 - N.S./UNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 20 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 14 - Death Certificate		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 02/05/2004	25. Reviewed By 8189		26. Regional Office Director Gerard J. Naylis	
27. Distribution Ingle, Robin L.; Smith, Cecil O.; Dobbins, Allen C.; Lansing, Joseph W.			28. Source Document Number 0312058117	

INCIDENT

Victim 1 was a 40-year-old man who worked and lived near Lake City, FL. He was a resident of Illinois but had a Florida driver's license. He had no next of kin in the Lake City, FL area. Shortly before 5:10 PM on April 16, 2003, victim 1 was driving a borrowed 4 wheel ATV (all terrain vehicle) on a private unpaved road near Lake City FL. A passenger (victim 2) was riding behind victim 1 on the ATV. The two ATV riders did not wear safety helmets. The weather was clear and dry with daylight.

The private road (dead) ended at an unpaved two lane road. Two large trees and much shrubbery were located on the left side of the private road where it (dead) ended at the two lane road. This foliage blocked the view to the left of victim 1 as he drove the ATV up to this intersection. (Exhibit 3 – diagram) The two lane unpaved road had a speed limit of 55 miles per hour and was 24 feet wide.

A pickup truck driven by an 18-year-old woman was traveling at approximately 35 miles per hour on the straight paved two lane road. The pickup truck reached the private road intersection just as victim 1's ATV entered into the two lane road (from the private road). Victim 1's ATV did not stop (yield) when it reached this intersection. The front fender of the pickup truck collided with the left front fender of the ATV (the Point of Impact). (Exhibit 3 – diagram)

The ATV rolled over 1 1/2 times after the collision impact as it was pushed by the front of the pickup truck which was trying to stop. The ATV ended up on the two lane road 98 feet from the private road. Victims 1 and 2 were ejected from the ATV. They ended up lying on the two lane road past the ATV. The pickup truck ended up on the side of the two lane road about 120 feet from the private road. (Exhibit 2 & Exhibit 3 – diagram)

The 9-1-1 emergency telephone call was made at 5:10 PM. (Exhibit 2, page 1) Victims 1 and 2 were transported by paramedics to a hospital in nearby Lake City, FL. Victim 1 had multiple trauma injuries. He was taken to a large regional medical center in Jacksonville, FL. Victim 1 did not recover from his numerous internal injuries. He died in this hospital two weeks later on May 4, 2003. The driver of the pickup truck was not injured in the collision. Victim 2 recovered and was released from the hospital.

The ATV had approximately \$2,000.00 collision damage. It was damaged on all its sides. The pickup truck had approximately \$4,000.00 collision damage. Its front underside was damaged when it ran up over the ATV. See Exhibit 2, page 1. The highway patrol investigation report states that neither victim 1 nor the pickup truck driver were under the influence of alcohol. (Exhibit 2, pages 1 and 6)

The highway patrol report incident site drawing at Exhibit 2, page 4 is incorrect. It shows the pickup truck traveling east, instead of west. A corrected incident site drawing is at Exhibit 3.

The Jacksonville, FL (Duval County) Medical Examiner's Office did not perform a full autopsy on victim 1's body. Victim 1's limited autopsy report was requested but was not furnished by this office. (Exhibit 5) Victim 1's death certificate stated that his death was accidental due to the multiple injuries he received when the ATV he drove collided with a truck. Victim 1's remains were cremated in Jacksonville, FL. The highway patrol

investigator could not locate any of victim 1's next of kin. The victim's name and address should not be released to the public. The ATV owner could not be reached by telephone for incident and ATV information. (Exhibit 2, page 1)

PRODUCT IDENTIFICATION

The ATV (all terrain vehicle) involved in this incident is manufactured in China or in Taiwan by "ETON" or "E-ton". ETON ATVs are distributed in the United States by its North American subsidiary, ETON America, L.L.C., 109 Southwest Drive, Spartanburg, SC 29303. ETON manufactures one adult model ATV. It is model Yukon II. This model ATV has a 150 cc gasoline engine, an automatic C.T.V. transmission, a reverse gear, front and rear luggage racks, a rear hydraulic disc brake, and dual headlights. (Exhibit 6) ETON also manufactures youth (small) ATV's (for under 16 years). They are the Viper series of three models with engines from 40 to 90 cc's. (Exhibit 6)

Victim 1 was riding an adult size ETON model Yukon II ATV at the time of the incident. This model ATV sells for approximately \$2,500.00. The ATV's VIN or serial number is: RFGPJAO31A001582. (Exhibit 2, page 1) Its year of manufacture is not known. The ATV received about \$2,000.00 body damage on all its sides during the collision. See previous parts of this report for the collision damage.

The motor vehicle product involved in this incident is a 1997 Dodge pickup truck which was licensed in Florida. (Exhibit 2, page 1) It received about \$4,000.00 collision damage during the incident. See pervious parts of this report for the collision damage.

ATTACHMENTS

- Exhibit 1: ATV Questionnaire, 4 pages.
- Exhibit 2: Florida Highway Patrol investigation report, 6, pages.
- Exhibit 3: Corrected incident site diagram.
- Exhibit 4: Respondent Information.
- Exhibit 5: Status of Missing Documents form.
- Exhibit 6: ETON ATV web site, 3 pages.

EXHIBIT 2 Page 1

FLORIDA HIGHWAY PATROL LONG FORM

MAIL TO: DEPT. OF HIGHWAY SAFETY & MOTOR VEHICLES, TRAFFIC CRASH
RECORDS, NEIL KROGMAN BUILDING, TALLAHASSEE, FL 32399-0537

031217HCC1258

DO NOT WRITE IN THIS SPACE

Time & Location	DATE OF CRASH	TIME OF CRASH	TIME OFFICER NOTIFIED	TIME OFFICER ARRIVED	INVEST. AGENCY REPORT NUMBER	HSMV CRASH REPORT NUMBER
	04/16/2003	05:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	5:13 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	6:03 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	03-15-02435-29	71078377
	COUNTY / CITY CODE 29 / 00	FEET or MILE(S) 4	CITY OR TOWN LAKE CITY	CHECK IF IN CITY OR TOWN	COUNTY Columbia	
Section 1 Vehicle	AT NODE NO.	FEET or MILE(S)	FROM NODE NO.	NEXT NODE NO.	NO. OF LANES	1 DIVIDED 2 UNDIVIDED
					2	2
	ON STREET, ROAD OR HIGHWAY SW BRIM RD					
Section 2 Vehicle	AT THE INTERSECTION OF (street, road or highway) or	FEET or MILE(S)	FROM INTERSECTION OF (street, road or highway)			
		2				
	LOTTIE CT.					
Section 3 Vehicle	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE
	03	01	E-TON	13	01	
	VEH. LICENSE NUMBER	STATE	VEH. IDENTIFICATION NUMBER			
Section 4 Vehicle	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE				
Section 5 Vehicle	VEHICLE TRAVELING	ON	AT	EST. MPH	POSTED SPEED	EST. VEHICLE DAMAGE
	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			25	0	\$2,000
	1 Disabling 2 Functional 3 No Damage					
Section 6 Vehicle	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:	1 Tow Rotation Unit 2 Tow Owner's Request 3 Driver 4 Other		
	NONE	N/A	JIM'S BP			
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
Section 7 Vehicle	NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
	NAME OF MOTOR CARRIER (Commercial vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS		
Section 8 Vehicle	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH		
		MONTICELLO IL	61856	06/30/62		
	DRIVER LICENSE NUMBER	STATE	DL TYPE	ALCOHOL TEST TYPE	RESULTS	ALCOHOL / DRUG
Section 9 Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DAMAGED OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM	DRIVER'S PHONE NO.
	1 Yes 2 No	2		1 Yes 2 No	2	
Section 10 Vehicle	DRIVER ACTION	1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE
	03	97	DODGE	03	01	
	VEH. LICENSE NUMBER	STATE	VEH. IDENTIFICATION NUMBER			
Section 11 Vehicle	TRAILER OR TOWED VEHICLE INFORMATION	TRAILER TYPE				
Section 12 Vehicle	VEHICLE TRAVELING	ON	AT	EST. MPH	POSTED SPEED	EST. VEHICLE DAMAGE
	<input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			35	55	\$4,000
	1 Disabling 2 Functional 3 No Damage					
Section 13 Vehicle	MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)	POLICY NUMBER	VEHICLE REMOVED BY:	1 Tow Rotation Unit 2 Tow Owner's Request 3 Driver 4 Other		
	INTEGON	UNKNOWN	JIM'S BP			
	NAME OF VEHICLE OWNER (Check Box if Same As Driver)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
Section 14 Vehicle	NAME OF OWNER (Trailer or Towed Vehicle)	CURRENT ADDRESS (Number and Street)	CITY AND STATE	ZIP CODE		
	NAME OF MOTOR CARRIER (Commercial vehicle Only)	CURRENT ADDRESS (Number and Street)	CITY, STATE AND ZIP CODE	US DOT or ICC MC IDENTIFICATION NUMBERS		
Section 15 Vehicle	NAME OF DRIVER (Take From Driver License) / PEDESTRIAN	CURRENT ADDRESS (Number and Street)	CITY & STATE / ZIP CODE	DATE OF BIRTH		
		LAKE CITY FL	32024	11/17/84		
	DRIVER LICENSE NUMBER	STATE	DL TYPE	ALCOHOL TEST TYPE	RESULTS	ALCOHOL / DRUG
Section 16 Vehicle	HAZARDOUS MATERIALS BEING TRANSPORTED	PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DAMAGED OR BOX ON PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.	WAS HAZARDOUS MATERIAL SPILLED?	RECOMMEND DRIVER RE-EXAM	DRIVER'S PHONE NO.
	1 Yes 2 No	2		1 Yes 2 No	2	
Section 17 Vehicle	VEHICLE TYPE	VEHICLE USE	TRAILER TYPE	RESIDENCE (Driver Only)	PHYSICAL DEFECTS	ALCOHOL / DRUG USE
	01 Automobile	01 Private Transportation	01 Single Semi Trailer	1 County Crash	1 No Defects Known	1 Not Driving or Using Drugs
	02 Van	02 Commercial Passengers	02 Tandem Semi Trailer	2 Elsewhere in State	2 Eyesight Defect	2 Alcohol - Under Influence
Section 18 Vehicle	03 Light Truck / P.U. - 2 or 4 rear tires	03 Commercial Cargo	03 Tank Trailer	3 Non-Resident of State	3 Fatigue / Asleep	3 Drugs - Under Influence
	04 Medium Truck - 4 rear tires	04 Public Transportation	04 Flatbed	4 Out-of-State License	4 Hearing Defect	4 Alcohol & Drugs - Under Influence
	05 Heavy Truck - 2 or more rear axles	05 Private School Bus	05 School Bus / Motor	5 Other	5 Illness	5 Had BAC Drinking
Section 19 Vehicle	06 Truck Tractor (Cab-Engine)	06 Private School Bus	06 Dump Trailer	6 Seizure, Epilepsy, Back Pain	6 Other Physical Defect	6 Pending BAC Test Result
	07 Motor Home (RV)	07 Ambulance	07 Horse Trailer	7 Other Physical Defect		
	08 Bus (driver + seats for 9-15)	08 Law Enforcement	08 Pole Trailer			
Section 20 Vehicle	09 Bus (driver + seats for over 15)	09 Military	09 Towed Vehicle			
	10 Bicycle	10 Military	10 Auto Transport			
	11 Motorcycle	11 Other Government	11 Cargo Van			
Section 21 Vehicle	12 Moped	12 Dump	12 Other			
	13 All Terrain Vehicle	13 Concrete Mixer				
	14 Train	14 Garbage or Refuse				
Section 22 Vehicle	15 Low Speed Vehicle	15 Cargo Van				
	77 - Other	77 Other				
Section 23 Vehicle	LOCATION IN VEHICLE					
	1 Front Left					
	2 Front Center					
Section 24 Vehicle	3 Front Right					
	4 Rear Left					
	5 Rear Center					
Section 25 Vehicle	6 Rear Right					
	7 In Back of Truck					
	8 Bus Passenger					
Section 26 Vehicle	9 Other					

DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A		YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer 22 Trailer	
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE		EST. MPH		Pushed Speed	EST. VEHICLE DAMAGE		1 Ditching 2 Functional 3 No Damage	EST. TRAILER DAMAGE
VEHICLE TRAVELING IN: 8: SE NW		ON		AT		EST. VEHICLE DAMAGE		1 Ditching 2 Functional 3 No Damage		EST. TRAILER DAMAGE
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR PIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation Unit 2 Tow Owner's Request 3 Driver 4 Other		SHOW FIRST POINT OF VEHICLE DAMAGE AND CIRCLE DAMAGED AREA(S)		
NAME OF VEHICLE OWNER (Check Box if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE				
NAME OF MOTOR CARRIER (Commercial Vehicle Only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS				
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH				
DRIVER LICENSE NUMBER		STATE	DL TYPE	ALCOHOL TEST TYPE	RESULTS	ALCOHOL PHYS. DEF.	RES	RACE	SEX	INJ.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED		IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND ON BOX OR PLACARD, AND 1 DIGIT NUMBER FROM BOTTOM OF DIAMOND.		WAS HAZARDOUS MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.
1 Yes 2 No		1 Yes 2 No				1 Yes 2 No		1 Yes 2 No		
# 1		PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY STATE ZIP
# 2		PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS		CITY STATE ZIP
CONTRIBUTING CAUSES - DRIVER / PEDESTRIAN		VEHICLE DEFECTS		VEHICLE MOVEMENT		VEHICLE REPAIR FUNCTIONS		SOURCE OF CARRIER INFORMATION		LOCATION TYPE
01 No Improper Driving / Action 02 Careless Driving (Explain in Narrative) 03 Failed to Yield Right-of-Way 04 Improper Backing 05 Improper Lane Change 06 Improper Turn 07 Alcohol-Under Influence 08 Drugs-Under Influence 09 Alcohol & Drugs-Under Influence 10 Followed Too Closely 11 Disregarded Traffic Signal 12 Exceeded Safe Speed Limit 13 Disregarded Stop Sign 14 Failed to Maintain Exch. / Vehicle 15 Improper Passing 16 Drove Left of Center 17 Exceeded Stated Speed Limit 18 Obstructing Traffic		01 No Defects 02 Def. Brakes 03 Worn / Smooth Tires 04 Defective / Improper Lights 05 Puncture / Blowout 06 Steering Wheel 07 Windshield Wipers 08 Equipment / Vehicle Defect 77 All Other (Explain in Narrative)		01 Straight Ahead 02 Stopping / Stopped / Stalled 03 Making Left Turn 04 Backing 05 Making Right Turn 06 Changing Lanes 07 Entering / Leaving Parking Space 08 Properly Parked 09 Improperly Parked 10 Making U-Turn		11 None 12 Faint 13 Police Pursuit 14 Recreational 15 Emergency Operation 16 Construction / Maintenance 17 All Other (Explain in Narrative)		1 Not Applicable 2 Shipping Papers 3 Vehicle Side 4 Driver 5 Other		1 Privately 2 Publicly 3 Open Country
FIRST / SUBSEQUENT WORKING EVENTS		ROAD SYSTEM IDENTIFIER		ROAD SURFACE / CONDITION		WEATHER		ROAD SURFACE TYPE		LIGHTING CONDITION
01 Collision With MV in Transport (Rear End) 02 Collision With MV in Transport (Head-on) 03 Collision With MV in Transport (Angle) 04 Collision With MV in Transport (Left Turn) 05 Collision With MV in Transport (Right Turn) 06 Collision With MV in Transport (Side-swipe) 07 Collision With MV in Transport (Backed Into) 08 Collision With MV in Transport (Parked Car) 09 Collision With MV on Other Roadway 10 Collision With Pedestrian 11 Collision With Bicycle 12 Collision With Motorcycle (Bike Lane) 13 Collision With Moped 14 Collision With Train 15 Collision With Animal 16 MV Hit Sign / Sign Post 17 MV Hit Utility Pole / Light Pole 18 MV Hit Guardrail 19 MV Hit Fence 20 MV Hit Concrete Barrier Wall 21 MV Hit Bridge / Pier / Abutment / Rail 22 MV Hit Tree / Shrubbery 23 Collision With Construction Barrier Sign 24 Collision With Traffic Gate 25 Collision With Crash Attenuators 26 Collision With Fixed Object Above Road 27 MV Hit Other Fixed Object 28 Collision With Movable Object on Road 29 MV Run Into Ditch / Culvert 30 Run Off Road / Into Water 31 Overturned 32 Occupant Pelt From Vehicle 33 Tractor / Trailer Jackknifed 34 Fire 35 Explosion 36 Downhill Runaway 37 Cargo Load or Shift 38 Separation of Units 39 Medium Crossover 77 All Other (Explain in Narrative)		01 Interchange 02 U.S. 03 State 04 County 05 Local 06 Temporary / Toll 07 Private Road 08 Private Roadway 77 All Other (Explain in Narrative)		01 Dry 02 Wet 03 Slippery 04 Ice 77 All Other (Explain in Narrative)		01 Clear 02 Cloudy 03 Rain 04 Fog 77 All Other (Explain in Narrative)		01 Slag / Gravel / Stone 02 Blacktop 03 Brick / Block 04 Concrete 05 DM 77 All Other (Explain in Narrative)		01 Daylight 02 Dusk 03 Dawn 04 Dark (Street Light) 05 Dark (No Street Light) 06 Unknown
ROAD CONDITIONS AT TIME OF CRASH		VISION OBSTRUCTED		TRAFFIC CONTROL		SITE LOCATION		TRAFFICWAY CHARACTER		
01 No Defects 02 Obstruction With Warning 03 Obstruction Without Warning 04 Road Under Repair / Construction 05 Loose Surface Material 06 Shoulders - Soft / Low / High 07 Holes / Ruts / Uneven Pavement Edges 08 Standing Water 09 Worn / Polished Road Surface 77 All Other (Explain in Narrative)		01 Vision Not Observed 02 Inclement Weather 03 Potholes / Stopped Vehicle 04 Trees / Crops / Bushes 05 Load on Vehicle 06 Building / Fixed Object 07 Signs / Billboards 08 Fog 09 Smoke 77 All Other (Explain in Narrative)		01 No Control 02 Speed Control Sign 03 Speed Control Sign 04 School Zone 05 Traffic Signal 06 Stop Sign 07 Yield Sign 08 Flashing Light 09 Railroad Signal 10 Officer / Guard / Flagman 11 Posted No U-Turn 12 No Passing Zone 77 All Other (Explain in Narrative)		01 Not At Intersection / RR Xing / Bridge 02 At Intersection 03 Influenced by Intersection 04 Driveway Access 05 Railroad 06 Bridge 07 Entrance Ramp 08 Exit Ramp 09 Parking Lot - Public 10 Parking Lot - Private 11 Private Property 12 Toll Booth 13 Public Bus Stop Zone 77 All Other (Explain in Narrative)		1. Straight-Level 2. Straight-Upgrade / Downgrade 3. Curve-Level 4. Curve-Upgrade / Downgrade TYPE SHOULDER 1. Paved 2. Unpaved 3. Curb		
VIOLATOR(S)		NAME OF VIOLATOR (s)		PL. STATUTE NUMBER		CHARGE		CITATION NUMBER		

NARRATIVE / DIAGRAM

DO NOT WRITE IN THIS SPACE

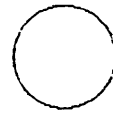
[illegible]

Violator(s)	SECTION #	NAME	FL STATUTE NUMBER	CHARGE		CITATION NUMBER
	SECTION #	NAME	FL STATUTE NUMBER	CHARGE		CITATION NUMBER

WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE		ZIP CODE		WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
FIRST AID GIVEN BY - NAME:		1 Physician or Nurse		4 Certified 1st Aider		02		INJURED TAKEN TO: SHANDS - JACKSONVILLE		BY - NAME: LC TRAUMA 1					
COLUMBIA CO EMS		2 Paramedic or EMT		5 Other											
WAS INVESTIGATION 1 YES 2 NO		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? 1 YES 2 NO		IF NO, THEN WHY?		PDG BAG		DATE OF REPORT 04/16/2003		PHOTOS TAKEN? 1 YES 2 NO		IF YES, BY WHOM? 1 INVEST. AGENCY 2 OTHER	
MADE AT SCENE? 1 YES 2 NO				1								1		2	
INVESTIGATOR - NAME & SIGNATURE TPR. J.B. STUART				ID / BADGE NUMBER 1654/1223				DEPARTMENT FLORIDA HIGHWAY PATROL				RFP DO CMO OTHER <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

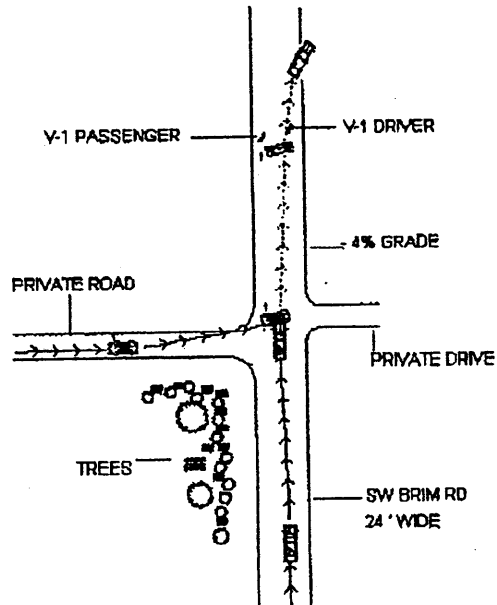
See corrected diagram at EXHIBIT 3.

DIAGRAM



INDICATE NORTH
WITH ARROW

4-2-8



NOT TO SCALE

FLORIDA HIGHWAY PATROL

☒ UPDATE ☐ CONTINUATIONMAIL TO: DEPT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS
TALLAHASSEE, FLORIDA 32399-0500

DO NOT WRITE IN THIS SPACE

COUNTY/CITY CODE 29 / 00		DATE OF CRASH 04/16/2003		INVEST. AGENCY REPORT NUMBER 03-15-02435-29		HSMV CRASH REPORT NUMBER 71078377	
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING ON		Est. MPH		Postest Speed		EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR FIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
NAME OF VEHICLE OWNER (Check if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF MOTOR CARRIER (Commercial vehicle only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS	
NAME OF DRIVER (Take From Driver License) / PEDESTRIAN		CURRENT ADDRESS (Number and Street)		CITY, STATE & ZIP CODE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	CL. TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None	RESULTS	AL / DRUG / PHYS. DEF.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOTTOM OF DIAMOND, MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.
1 Yes 2 No		1 Yes 2 No	1 Yes 2 No		1 Yes 2 No		2
DRIVER ACTION 1 Phantom 2 Hit & Run 3 N/A	YEAR	MAKE	TYPE	USE	VEH. LICENSE NUMBER	STATE	VEHICLE IDENTIFICATION NUMBER
TRAILER OR TOWED VEHICLE INFORMATION		TRAILER TYPE					
VEHICLE TRAVELING ON		Est. MPH		Postest Speed		EST. VEHICLE DAMAGE 1 Disabling 2 Functional 3 No Damage	
MOTOR VEHICLE INSURANCE COMPANY (LIABILITY OR FIP)		POLICY NUMBER		VEHICLE REMOVED BY:		1 Tow Rotation List 2 Tow Owner's Request 3 Driver 4 Other	
NAME OF VEHICLE OWNER (Check if Same As Driver)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF OWNER (Trailer or Towed Vehicle)		CURRENT ADDRESS (Number and Street)		CITY AND STATE		ZIP CODE	
NAME OF MOTOR CARRIER (Commercial vehicle only)		CURRENT ADDRESS (Number and Street)		CITY, STATE AND ZIP CODE		US DOT or ICC MC IDENTIFICATION NUMBERS	
NAME OF DRIVER (Exactly as on Driver License) / Pedestrian		CURRENT ADDRESS (Number and Street)		CITY & STATE / ZIP CODE		DATE OF BIRTH	
DRIVER LICENSE NUMBER		STATE	CL. TYPE	REQ. END.	BAC TEST 1 Blood 2 Breath 3 Urine 4 Refused 5 None	RESULTS	AL / DRUG / PHYS. DEF.
HAZARDOUS MATERIALS BEING TRANSPORTED		PLACARDED	IF YES, INDICATE NAME OF 4 DIGIT NUMBER FROM DIAMOND OR BOTTOM OF DIAMOND, MATERIAL SPILLED?		RECOMMEND DRIVER RE-EXAM. IF YES EXPLAIN IN NARRATIVE		DRIVER'S PHONE NO.
1 Yes 2 No		1 Yes 2 No	1 Yes 2 No		1 Yes 2 No		2
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS CITY STATE ZIP	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS CITY STATE ZIP	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS CITY STATE ZIP	
PROPERTY DAMAGED - OTHER THAN VEHICLES		EST. AMOUNT		OWNER'S NAME		ADDRESS CITY STATE ZIP	
WITNESS NAME (1)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
WITNESS NAME (2)		CURRENT ADDRESS		CITY & STATE		ZIP CODE	
WAS INVESTIGATION MADE AT SCENE? Yes 1 No 2		IF NO, THEN WHERE?		IS INVESTIGATION COMPLETE? Yes 1 No 2		IF NO, THEN WHY?	
INVESTIGATOR - RANK AND SIGNATURE TPR. J.B. STUART		ID / BADGE NUMBER 1854/1223		DEPARTMENT FLORIDA HIGHWAY PATROL		DATE OF REPORT 05/26/2003	
PHOTOS TAKEN? 1 - Yes 2 - No		IF YES, BY WHOM? 1 Investigating Agency 2 Other		RIF		SO CPD OTHER	

[illegible]

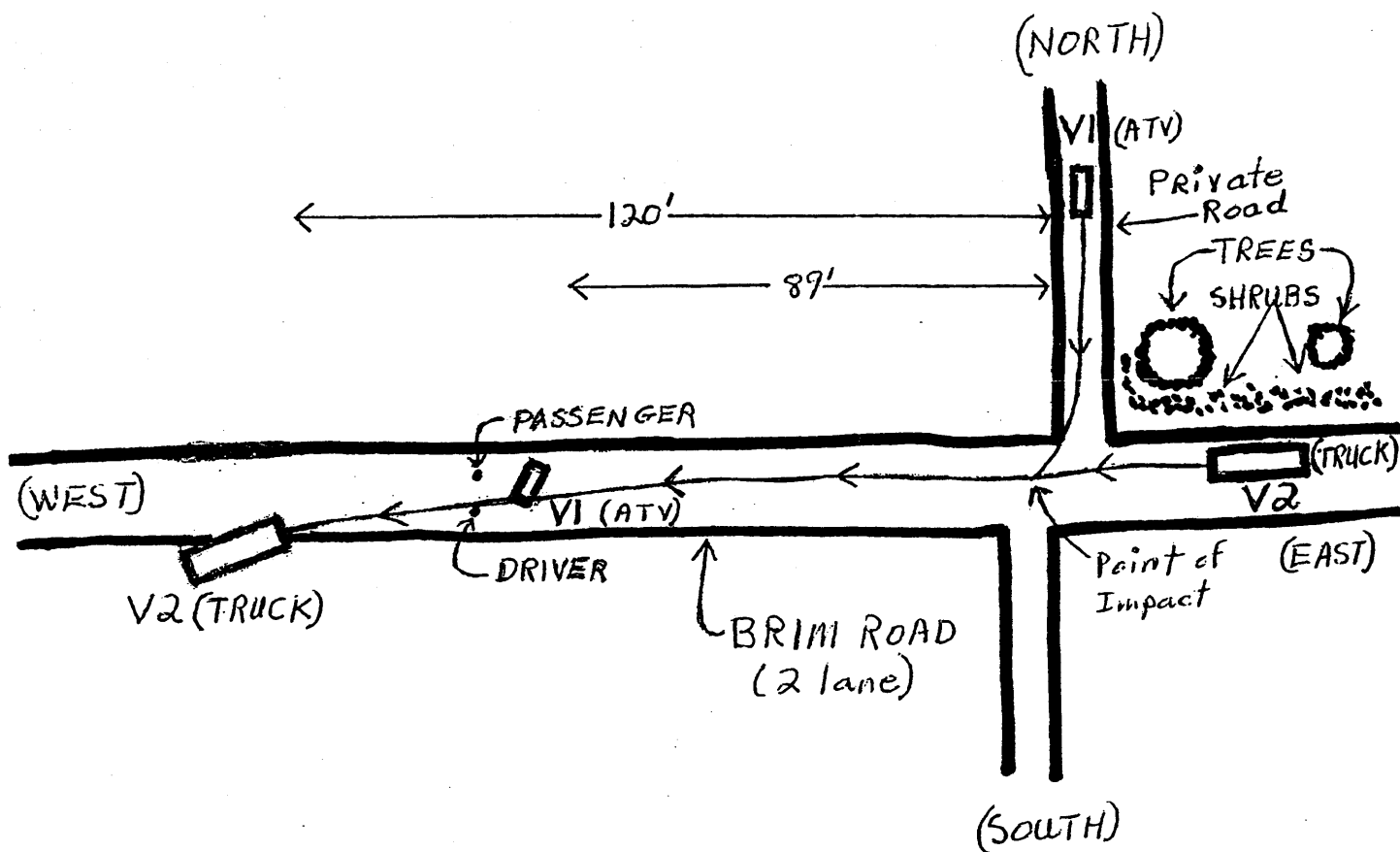
EXHIBIT 3

031217HCC1258

Corrected incident site diagram.

V1 = ATV

V2 = TRUCK



RESPONDENT INFORMATION:

Trooper J.B. Steward, Florida Highway Patrol, Lake City, FL, (386)758-0417, first furnished a copy of his investigation report of this ATV fatality incident on January 21, 2003. (Exhibit 2)

Task Number 031217HCC1258

INTERVIEWER: When the response to a particular question is unknown, please leave blank.

Type of respondent: Police Department

Other, specify:

1. What type of vehicle was involved in the incident? (If vehicle is not an ATV, or if ATV has more than 4 wheels, politely thank respondent for her/his cooperation and terminate interview).

- | | |
|---------------------------------------|---------------------|
| 1 - 3 wheeled ATV | 7 - Utility Vehicle |
| ② - 4 wheeled ATV | 8 - Other Vehicle |
| 3 - ATV with unknown number of wheels | 0 - Unknown |
| 4 - 2 wheeled motorcycle | |
| 5 - Dune Buggy | |
| 6 - ATV with more than 4 wheels | |

2. What is the manufacturer/brand name of the ATV(s) involved in the incident? If more than two ATVs, use an additional sheet.

ATV #1

ATV #2

Manufacturer: 09 - E Ton America

Manufacturer:

3. What is the model name or number and/or vehicle identification number (VIN) of the ATV?

Model: Yukon II

VIN: RFZFJA0531A001562

4. What is the model year of the ATV? (Record last two digits of model year. For example 89,90).

Model Year:

5. What is the engine size (in CCs) of the ATV?

Engine Size: 160-185

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

Death #1

Death #2

Date of Death: 05/04/2003

Age/Sex: 40 / Male

State of Death: FL

City of Death: Jacksonville

County of Death: Duval

7. Describe how the incident occurred. (Use additional sheets if necessary).

A 40 year-old-man, the driver, and a passenger were riding together on a 4 wheel ATV (all terrain vehicle) in the afternoon. They wore no safety helmets. The ATV failed to stop when it entered a 2 lane road. The ATV was hit immediately upon entering the two lane road by a pick up truck. The driver and passenger were ejected off the ATV. The driver died from internal trauma injuries. The passenger survived.

8. Did the ATV overturn/tipover/rollover? Yes

9. If ATV overturned/tipped over/rolled over, did it land on the victim?

Victim 1:

Victim 2:

Yes No ☒ Unknown Yes No Unknown

10. Who was killed in the incident? Check all that apply.

☒ 1 - Driver 3 - Bystander 8 - Other
2 - Passenger 4 - Driver/Other Vehicle

11. Was the victim wearing a helmet at the time the incident occurred?

Victim 1:

Victim 2:

Yes ☒ No Unknown Yes ☒ No Unknown

12. How many riders (including the driver) were on the ATV at the time the incident occurred?

0 - Unknown ☒ 2 - Two riders 4 - Four or more riders
1 - One rider 3 - Three riders

13. List the following physical characteristics of the DRIVER of the ATV:

Age: 40 Height: (inches)
Weight: Sex: Male

14. How did the driver learn to operate an ATV (READ LIST)

- | | |
|------------------------|--------------------------|
| 1 - Organized Program | Sponsor's Name: |
| 2 - Dealer/Salesperson | Arranged through dealer: |
| 3 - Friend/Relative | Friend/Relative Age: |
| 4 - Self | |
| 5 - Other (Specify) | |
| ⑨ - Don't Know | |

15. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

09 - Non-paved road

16. Type of road being travelled by ATV when incident occurred?

01 - Public road

17. Identify any other motor vehicle(s) involved in this incident.

02 - Truck

18. Had the driver of the ATV used alcohol just prior to the incident?

2 - No

19. Had the driver taken any drugs or medication just prior to the incident?

0 - Unknown

Additional Comments:

Foliage blocked the ATV driver's view as he turned onto the two lane road and immediately collided with a truck travelling on this road.

Task Number 031217HCC1258

INTERVIEWER: When the response to a particular question is unknown, please leave blank.

Type of respondent: Police Department

Other, specify:

1. What type of vehicle was involved in the incident? (If vehicle is not an ATV, or if ATV has more than 4 wheels, politely thank respondent for her/his cooperation and terminate interview).

- | | |
|---------------------------------------|---------------------|
| 1 - 3 wheeled ATV | 7 - Utility Vehicle |
| (2) - 4 wheeled ATV | 8 - Other Vehicle |
| 3 - ATV with unknown number of wheels | 0 - Unknown |
| 4 - 2 wheeled motorcycle | |
| 5 - Dune Buggy | |
| 6 - ATV with more than 4 wheels | |

2. What is the manufacturer/brand name of the ATV(s) involved in the incident? If more than two ATVs, use an additional sheet.

ATV #1
Manufacturer: 09 - E Ton America

ATV #2
Manufacturer:

3. What is the model name or number and/or vehicle identification number (VIN) of the ATV?

Model: Yukon II

VIN: RFZFJA0531A001562

4. What is the model year of the ATV? (Record last two digits of model year. For example 89,90).

Model Year:

5. What is the engine size (in CCs) of the ATV?

Engine Size: 160-185

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

Death #1

Death #2

Date of Death: 05/04/2003

Age/Sex: 40 / Male

State of Death: FLORIDA

City of Death: Lake City

County of Death: Colombia

7. Describe how the incident occurred. (Use additional sheets if necessary).

A 40 year-old-man, the driver, and a passenger were riding together on a 4 wheel ATV (all terrain vehicle) in the afternoon. They wore no safety helmets. The ATV failed to stop when it entered a 2 lane road. The ATV was hit immediately upon entering the two lane road by a pick up truck. The driver and passenger were ejected off the ATV. The driver died from internal trauma injuries. The passenger survived. The ATV driver and the pickup driver were not under the influence of alcohol.

8. Did the ATV overturn/tipover/rollover? Yes

9. If ATV overturned/tipped over/rolled over, did it land on the victim?

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

10. Who was killed in the incident? Check all that apply.

1 - Driver 3 - Bystander 8 - Other
2 - Passenger 4 - Driver/Other Vehicle

11. Was the victim wearing a helmet at the time the incident occurred?

Victim 1:

Victim 2:

Yes No Unknown Yes No Unknown

12. How many riders (including the driver) were on the ATV at the time the incident occurred?

0 - Unknown 2 - Two riders 4 - Four or more riders
1 - One rider 3 - Three riders

13. List the following physical characteristics of the DRIVER of the ATV:

Age: 40 Height: (inches)
Weight: Sex: Male

14. How did the driver learn to operate an ATV (READ LIST)

- | | |
|------------------------|--------------------------|
| 1 - Organized Program | Sponsor's Name: |
| 2 - Dealer/Salesperson | Arranged through dealer: |
| 3 - Friend/Relative | Friend/Relative Age: |
| 4 - Self | |
| 5 - Other (Specify) | |
| ⑨ - Don't Know | |

15. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

09 - Non-paved road

16. Type of road being travelled by ATV when incident occurred?

01 - Public road

17. Identify any other motor vehicle(s) involved in this incident.

02 - Truck

18. Had the driver of the ATV used alcohol just prior to the incident?

2 - No

19. Had the driver taken any drugs or medication just prior to the incident?

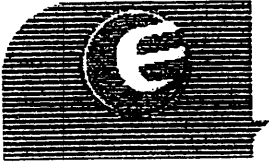
0 - Unknown

Additional Comments:

Foliage blocked the ATV driver's view as he turned onto the two lane road and immediately collided with a truck travelling on this road.

EXHIBIT 6 Page 3

031217 HCC1258



ETON America

YUKON II

ETON Yukon II, the Big One, boasts a 150cc engine.
The Yukon is as rugged as it is beautiful.
Designed as the SUV of the ETON line.
RUGGED BEAUTY!

Home
Products
About ETON
ETON Dealers
Safety
Dealer Center
Contact



Yukon II - ETON's Full Featured ATV For riders 16 years and older.
The Yukon has a 4 cycle 150cc oil cooled engine.
With a reverse gear, fully automatic C.V.T. transmission, dual
headlights, front and rear utility racks and rear hydraulic
disc brake, the Yukon is a true rugged beauty.

For optimum viewing of our website, we recommend Internet Explorer or Netscape Navigator and monitor set to 1024 x 768 or higher.
All trademarks and trade names mentioned in this website are the property of the respective owners and are used with permission. All

http://www.etonamerica.com/Prd_CXL_Ann.htm

2/2/2004

1. Task Number 030708CCC2550		2. Investigator's ID 8133		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 830	4. Date of Accident YR MO DAY 2003 01 01	5. Date Initiated YR MO DAY 2003 07 09		
6. Synopsis of Accident or Complaint UPC No injury occurred when a dealer noticed that the first 4 ATV's he received from the manufacturer contained a defect that no amount of adjustment could alleviate. The units were later sold "as is" at a flea market after repairs could not be made. <div style="text-align: right;"> <u>NEVER/PRIVILEGE NOTIFIED</u> COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED; <input type="checkbox"/> ATTACHED <input type="checkbox"/> EXCLUSIONS/FOIA Exe. <input type="checkbox"/> <u>Redactions</u> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY </div>				
7. Location (Home, School, etc) 7 - INDUSTRIAL PLACE		8. City HAMILTON		9. State OH
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name MIDWEST		10C. Model Number MOUNTAIN LION 25
10D. Manufacturer Name and Address MIDWEST MOTOR VEHICLE COMPANY 6330 Copps Avenue Madison, WI 53716				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 0	13. Sex 0 - Not Stated	14. Disposition 0 - No Injury	15. Injury Diagnosis 70 - No Injury	
16. Body Part(s) Involved 99 - NO INJURY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 5 / 6	
20. Attachment(s) 5 - Other		21. Case Source 07 - Consumer Complaint		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Verbal				
24. Review Date 08/12/2003	25. Reviewed By 8631		26. Regional Office Director Eric B. Ault	
27. Distribution Ingle, Robin L.; Vece, John R.			28. Source Document Number H0320350A	

This investigation was done to follow up to hot line complaint H0320350A.

SYNOPSIS

No injury occurred when a dealer noticed that the first 4 ATV's he received from the manufacturer contained a defect that no amount of adjustment could alleviate. The units were later sold "as is" at a flea market after repairs could not be made.

PRE-INCIDENT

The complainant operates a used car auto dealership. He decided to try the sales of All Terrain Vehicles. He found, what appeared to be a good deal on ATV's from the Midwest Motor Vehicle Co., Madison, Wisconsin. He ordered two Puma 250 and two Mountain Lion 250 units.

Dealer prep of the units involved cleaning and a short test in the parking lot.

INCIDENT

The first test runs of all four units revealed that the gearshift lever would pop out of gear. The complainant became concerned that this could cause an injury when operating in hilly terrain.

POST INCIDENT

He contacted the supplier of the ATV's many times trying to "adjust away" this problem. He determined that no amount of adjusting that the firm's technical staff suggested would keep the unit's gears engaged. All four units exhibited this problem.

After many attempts at fixing the problem and many long and heated discussions with the manufacturer, the complainant sold the units. The ATV's were sold at a flea market in an "as is condition" to be used for parts. He stated that he told the purchaser the problem. The units were sold with the gearbox partly disassembled so that the purchaser could not claim that he was not told about the problem. The complainant stated that he did not record the names of the many people at the manufacturer he contacted.

The complainant would not provide records of the purchase or sale of the units. He does not know the names of the customers.

He stated that he thinks that the spring that should hold the gearshift lever in place may be too long and not providing enough tension. He stated that he decided to drop these ATV's due to poor response of the manufacturer.

The complainant contacted CPSC because he was concerned that someone could be injured if this defect existed in other units.

PRODUCT IDENTIFICATION

The ATV's involved were 2 Puma 250's and 2 Mountain Lion 250's. They were all 4 wheel ATV's. He could not provide the Vin numbers or serial numbers of the units. He declined to provide the paperwork for the receipt of the units. He explained that the paperwork was with his account and not available. The complainant stated that the units were purchased in January of 2003.

The manufacturer is Midwest Motor Vehicle Company, 6330 Copps Avenue, Madison, Wisconsin 53701. 608-223-5160. The firm's web site (www.midwestmv.com) lists the firm as a "manufacturer and US distributor of ATV's, ***".

The units were not available for examination.

The complainant gave verbal permission for release of his name to the manufacturer of the ATV.

STANDARDS

No information concerning standards was available.

SAMPLE

No sample was collected.

ATTACHMENTS

Ex A- Persons contacted sheet.

Exhibit A

PERSONS CONTACTED

I visited and spoke with the complainant for a very short time and then obtained most of my information via telephone.

William Jones, 5941 Allison Avenue, Hamilton, OH 45011. 513-894-0081

CONSUMER PRODUCT INCIDENT REPORT

Region: CENTRAL

1.NAME OF RESPONDENT Williams Jones		2.PHONE NO. (HOME) 513-894-0081		(WORK) same	
3.STREET ADDRESS 5941 Allison Ave.		4.CITY Hamilton		ST OH	ZIPCODE 45011
4a.EMAIL ADDRESS: wjone3@cinci.rr.com					
5.DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES Consumer is an Ohio Motor Vehicle License Dealer. Consumer order 4 All Terrain Vehicles from the manufacturer. Consumer said that - cont -					
6. DATE OF INCIDENT(S) 01/01/2003	7.IF INJURY OR NEAR MISS, OBTAIN AGE/SEX 0 Y/N AND DESCRIBE INJURY none		8.IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none		
9.DESCRPTION OF PRODUCT 4/ 4-wheel All Terrain Vehicle (ATV)			10.BRAND NAME Puma 250/Mountain Lion 250		
11.MFR/DISTRIBUTOR NAME, ADDR. & PHONE Midwest unknown unknown 00000 866-334-8088 unknown		12.MODEL, SERIAL NUMBERS M# unknown: DOM: unknown			
13.DEALER'S NAME, ADDRESS & PHONE Midwest Motor Vehicle 6330 Copps Ave. Madison, WI 53716 608-223-5160		14.WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES IF YES, BEFORE OR AFTER THE INCIDENT? AFTER DESCRIBE: damaged: see narrative			
15.PRODUCT PURCHASED NEW DATE PURCHASED 01/14/2003 AGE est.1 mont		16.DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: unknown			
17.HAVE YOU CONTACTED THE MANUFACTURER? YES IF NOT, DO YOU PLAN TO CONTACT THEM?		18.IS THE PRODUCT STILL AVAILABLE? YES IF NOT, ITS DISPOSITION		19.MAY WE USE YOUR NAME WITH THIS REPORT? YES	
FOR ADMINISTRATION USE					
20.DATE RECEIVED 02/28/2003		21.RECEIVED BY (NAME & OFFICE) nar/HL		22.DOCUMENT NO. H0320350A	
23.FOLLOW-UP ACTION				24.PRODUCT CODE(S) 3286	
25.DISTRIBUTION		26.ENDORSER'S NAME & TITLE nar 02/28/2003			

H0320350A

Narrative Continued

the ATV's fail while being used on reverse. Consumer also noticed that while on forward the ATV's slip out of gear.

Consumer called and explained incidents to manufacturer's rep. (name unknown) who told consumer that he would need to speak to their technical staff rep. (name unknown).

Consumer called and spoke to technical staff rep. (name unknown) who told consumer that he could not force the All terrain Vehicle into reverse. Consumer was told to adjust the gear, but the problem may still persist.

Consumer is trying to get the manufacturer to take back all 4 all terrain vehicles.

There is no additional information on the incident.

Distributor Phone #:

CPSC Source: CPA

1. Task Number 030521HCC1557		2. Investigator's ID 8925		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2003 03 23	5. Date Initiated YR MO DAY 2003 05 27		
6. Synopsis of Accident or Complaint UPC none A 10-year-old male was riding on a 4-wheeled all-terrain vehicle. He attempted to make a jump on a small hill when the vehicle's front wheels came up. The victim sustained a chest injury and died. He was not wearing a helmet. The ATV rolled over front to back in the incident. <div style="text-align: right;"> <p>9/9/04</p> <p>REF/PRV LBR NOTIFIED</p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>OVERRULED: <input type="checkbox"/> <input checked="" type="checkbox"/> ATTACHED</p> <p>EXCISONS/FOIA Exs. <u>25c</u></p> <p>Revisions</p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> </div>				
7. Location (Home, School, etc) 4 - STREET OR HIGHWAY		8. City HOFFMAN		9. State NC
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name MIDWEST MOTOR		10C. Model Number CHETTA 90
10D. Manufacturer Name and Address MIDWEST MOTOR 6330 Copps Ave Madison, WI 53716				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 10	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 62 - Intern. Org. Inj.	
16. Body Part(s) Involved 31 - UPPER TRUNK	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 9 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 12 - MECAP		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 06/25/2003	25. Reviewed By 8570		26. Regional Office Director Gerard J. Naylis	
27. Distribution Lansing, Joseph W.; Ingle, Robin L.			28. Source Document Number X0352059A	

030521HCC1557

The information in this report was based on information received from the sheriff and medical examiner's office. Contacts with the victim's next-of-kin and witness were unsuccessful. A photo of the 4-wheel all-terrain vehicle was not available. The owner of the ATV was the victim's father.

On Sunday, March 23, 2003, in Hoffman, NC, at 11:50 a.m., a 10-year-old male was riding on a 4-wheeled all-terrain vehicle on a sand pit. The weather condition was partly cloudy and the temperature was 62°F.

The investigating officer reported that the victim attempted to make a jump on a small hill when the ATV's front wheels came up. The medical examiner reported that victim leaned forward to compensate and that the ATV rolled over. The medical examiner reported that the ATV rolled front over rear end and threw the victim off. The medical examiner reported that the ATV rolled over the victim and ended back in an upright position. The medical examiner reported that the victim stood up and then fell down.

The victim's traveled speed on the vehicle was not known. He was wearing a helmet and his knowledge regarding operation and/or handling the vehicle was unknown.

The medical examiner reported that the victim's father and brother were at the scene. The medical examiner reported that mouth-to-mouth resuscitation was performed on the victim until the first responder arrived at the scene.

The medical examiner reported that the victim was 5 feet 1 inches tall and that the victim weighed 60 pounds. The medical examiner reported that the 10-year-old male received a chest injury and that the victim was transported via ambulance to the local hospital in Pinehurst, NC. The victim died at 12:45 p.m. as a result of his injury. The medical examiner reported that the victim's toxicology laboratory report was negative for alcohol; use of an illegal drug was not a factor. An autopsy was not performed on the victim.

030521HCC1557

Product: 4-wheeled all-terrain vehicle

Brand/Year: Midwest/1998 or 1999

Manufacturer: Midwest Motor
6330 Copps Ave.
Madison, WI 53716

Model: Chetta 90

VIN: unknown

Description: unknown

Condition: unknown

Modification: medical examiner reported that the ATV was locked in 1st gear and ½ throttle max by the victim's father

ATTACHMENTS:

1. Richmond Co. Sheriff, Incident/Investigation Report.
2. All-terrain Vehicle (ATV) Telephone Questionnaire.
3. Contact Information.

Rev. 3/92

INCIDENT/INVESTIGATION REPORT

Richmond Co. Sheriff's Office

ATTACHMENT 1 - 030521HCC1557

OCA 2003-003012

Status Codes		L = Lost S = Seized D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found								
DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each					
					Possess	Buy	Sale	Mfg	Importing	Operating
D										
R										
U										
G										
S										
O	Offender Used	<input type="checkbox"/> Yes <input type="checkbox"/> Unk	Offender 1	Offender 2	Offender 3	Primary Offender				
P	Alcohol/Drugs	<input type="checkbox"/> No <input type="checkbox"/> N/A	Age: Race: Sex:	Age: Race: Sex:	Age: Race: Sex:	Resident Status				
N	Computer	<input type="checkbox"/> Yes <input type="checkbox"/> Unk	Offender 4	Offender 5	Offender 6	<input type="checkbox"/> Resident				
D		<input type="checkbox"/> No <input type="checkbox"/> N/A	Age: Race: Sex:	Age: Race: Sex:	Age: Race: Sex:	<input type="checkbox"/> Non-Resident				
R	Name (Last, First, Middle)	Also Known As			Home Address					
Occupation										
Business Address										
DOB. / Age	Race	Sex	Hgt	Wgt	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses
Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)										
Hat	Jecket	Shirt/Blouse	Tie/Scarf	Coat/Suit	Pants/Dress/Skirt	Shoes	Mode of Travel			
Was Suspect Armed?		Type of Weapon		Direction of Travel						
VYA	Make	Model	Style	Color	Lib/Lis	Vin				
Name (Last, First, Middle)		D.O.B.		Age	Race	Sex				
Home Address		Home Phone		Employer		Phone				
Suspect Hair / Bias Motivated:		<input type="checkbox"/> Yes <input type="checkbox"/> No								

MAY-27-2003 TUE 10:02 AM RICHMOND CO. SHERIFF 810 881 03 ATTACHMENT 1 - 030521HCC1557

INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 2003-003012

Richmond Co. Sheriff's Office

Page 3

THE SHERIFF'S OFFICE RECEIVED A CALL IN REFERENCE TO A 4-WHEELER ACCIDENT AT THE SAND PIT IN HOFFMAN. UPON ARRIVING AT THE SCENE, I FOUND THE IMMEDIATE FAMILY AND THE VICTIM HAD GONE TO THE HOSPITAL IN MOORE COUNTY. IN TALKING WITH ANOTHER FAMILY MEMBER, HE ADVISED VICTIM WAS ATTEMPTING A JUMP ON A SMALL HILL WHEN THE 4-WHEELER CAME BACK, TURNING OVER ON HIM AND CRUSHING HIS CHEST AREA. UPON ARRIVING AT THE SHERIFF'S OFFICE TO COMPLETE THE REPORT, THE HOSPITAL NOTIFIED US THAT THE VICTIM HAD PASSED AWAY.

N A R R A T I V E

030521HCC1557

CONTACT INFORMATION:

Contacted on 5/27/03

Richmond County Sheriff.
1 Court Street
Rockingham, North Carolina 28379
(910)997-8283

Office of the Chief Medical Examiner
Chapel Hill, NC 27599
(919)962-2253

Task Number 030521HCC1557

INTERVIEWER: When the response to a particular question is unknown, please leave blank.

Type of respondent: Police Department

Other, specify:

1. What type of vehicle was involved in the incident? (If vehicle is not an ATV, or if ATV has more than 4 wheels, politely thank respondent for her/his cooperation and terminate interview).

- | | |
|---------------------------------------|---------------------|
| 1 - 3 wheeled ATV | 7 - Utility Vehicle |
| ② - 4 wheeled ATV | 8 - Other Vehicle |
| 3 - ATV with unknown number of wheels | 0 - Unknown |
| 4 - 2 wheeled motorcycle | |
| 5 - Dune Buggy | |
| 6 - ATV with more than 4 wheels | |

2. What is the manufacturer/brand name of the ATV(s) involved in the incident? If more than two ATVs, use an additional sheet.

ATV #1

ATV #2

Manufacturer: 88 - Other

Manufacturer:

3. What is the model name or number and/or vehicle identification number (VIN) of the ATV?

Model: Chetta 90

/ VIN:

4. What is the model year of the ATV? (Record last two digits of model year. For example 89,90).

Model Year: 1999

5. What is the engine size (in CCs) of the ATV?

Engine Size: 60-90

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

Death #1

Death #2

Date of Death: 03/23/2003

Age/Sex: 10/Male

/

State of Death: NC

City of Death: Pinehurst

County of Death: Moore

7. Describe how the incident occurred. (Use additional sheets if necessary).

A 10-year-old male was riding on a 4-wheeled all-terrain vehicle. He attempted to make a jump on a small hill when the vehicle's front wheels came up. The ATV flipped backward onto the victim. The victim sustained a chest injury and died. He was not wearing a helmet.

8. Did the ATV overturn/tipover/rollover? Yes

9. If ATV overturned/tipped over/rolled over, did it land on the victim?

Victim 1:

Victim 2:

☒ Yes ☐ No Unknown Yes No Unknown

10. Who was killed in the incident? Check all that apply.

☒ 1 - Driver 3 - Bystander 8 - Other
2 - Passenger 4 - Driver/Other Vehicle

11. Was the victim wearing a helmet at the time the incident occurred?

Victim 1:

Victim 2:

☒ Yes ☐ No Unknown Yes No Unknown

12. How many riders (including the driver) were on the ATV at the time the incident occurred?

0 - Unknown 2 - Two riders 4 - Four or more riders
☒ 1 - One rider 3 - Three riders

13. List the following physical characteristics of the DRIVER of the ATV:

Age: 10

Height: 61 (inches)

Weight: 01 = 74 and under Sex: Male

14. How did the driver learn to operate an ATV (READ LIST)

- | | |
|------------------------|--------------------------|
| 1 - Organized Program | Sponsor's Name: |
| 2 - Dealer/Salesperson | Arranged through dealer: |
| 3 - Friend/Relative | Friend/Relative Age: |
| 4 - Self | |
| 5 - Other (Specify) | |
| ⑨ - Don't Know | |

15. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

88 - Other

16. Type of road being travelled by ATV when incident occurred?

09 - NA (Not a road)

17. Identify any other motor vehicle(s) involved in this incident.

09 - NA (Not a traffic incident)

18. Had the driver of the ATV used alcohol just prior to the incident?

2 - No

19. Had the driver taken any drugs or medication just prior to the incident?

2 - No, Drugs

Additional Comments:



12003-02322

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CHIEF MEDICAL EXAMINER
Chapel Hill, North Carolina 27599-7580

10 32
S-37
REPORT OF INVESTIGATION BY MEDICAL EXAMINER

OCME USE ONLY

03-2773

Case number
MAR 27 2003Date received
☐ Res ☐ NR

DECEDENT:

First

Middle

Last

Suffix

RESIDENCE:

12-27-1992

Number and Street

Rural Hall NC

City, State

County

AGE: 10

SEX: ☒ Male ☐ Female ☐ UnknownRACE: ☐ Black☐ Native American☐ Oriental☒ White☐ Unknown

HISPANIC ORIGIN:

☐ Yes ☒ No☐ Unknown

10 35 2059
INFORMATION ABOUT OCCURRENCE

	DATE	TIME	ADDRESS OR FACILITY	COUNTY
ONSET OF INJURY OR ILLNESS	3-23-03	1150	.3 mile off Rushmore Rd at Sandpitt Hoffman NC 28347	Richmond
DEATH	3-23-03	1245	First Health of the Carolines - Moore Regional 155 Memorial Drive Pinehurst, NC 28374	Moore
VIEW OF BODY	3-23-03	1330	<input type="checkbox"/> Scene of death <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Funeral home <input type="checkbox"/> Other <input type="checkbox"/> Not viewed	
M.E. NOTIFIED	3-23-03	1305	LAW ENFORCEMENT AGENCY: Richmond Co Sheriff Dept OFFICER: Lt JD Stoner	
LAST KNOWN TO BE ALIVE	3-23-03	1145	TELEPHONE: 800-672-3373 Death occurred while in custody: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

AUTOPSY: ☒ None ☐ M.E. Authorized ☐ Non-M.E. Autopsy facility: _____BLOOD SAMPLE: ☒ Mailed ☐ Obtained by pathologist ☐ Reason not obtained: _____

IF CLINICAL ALCOHOL DONE, RESULT: _____ By whom: _____

PROBABLE CAUSE OF DEATH: ☐ Pending1. Mechanical Chest Asphyxia

DUE TO

2. ATV Rollover

DUE TO

3. _____

DUE TO

4. _____

OCME REVIEW

SDC

☐ None
☐ AL
☐ Dictated
☐ COG

1. _____

DUE TO

ISSUE 32

2. _____

DUE TO

MAY 7 2003

3. _____

DUE TO

4. _____

CONTRIBUTING CONDITIONS

☐ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Undetermined

Reviewer: _____ Date: 4/23/03

Information in this block supersedes that contained in space at left.

CONTRIBUTING CONDITIONS

MANNER OF DEATH:

☐ Natural ☒ Accident ☐ Homicide ☐ Suicide ☐ Pending

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with Article 16 of Chapter 130A of the N.C. General Statutes and the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

DHHS 1114 (Revised 10/00)
Medical Examiner (Review 10/02)

May Mine
Signature of Medical Examiner

3-23-03
Date

Moore
County of Appointment M.E. Number

CUA as infant involving ¹⁸ Ford

MEDICAL HISTORY

☒ Alcoholism ☐ Diabetes ☐ IV drug abuse ☐ Ischemic heart disease ☐ Smoking
☐ Seizure disorder ☐ Cancer ☐ Hypertension ☐ Depression ☐ HIV/AIDS
☐ Other _____ Attending Physician Dr Robert Ford City Winston Salem NC

MEANS OF DEATH

☒ VEHICLE: Type of vehicle associated with this decedent:
Chetk 90
1998-1999 model
☐ Passenger car ☐ Pickup truck ☐ Truck--more than 2 axles ☐ Motorcycle
☐ Bicycle ☐ Farm vehicle ☒ ATV ☐ Moped ☐ Other _____
Position: ☒ Driver ☐ Passenger ☐ Pedestrian ☐ Unknown
Devices: ☐ Seat restraints ☐ Air bag ☒ Helmet ☐ Child restraint ☐ None ☐ Unknown
Number of vehicles involved _____ Written full face
aching gear
☐ GUN: ☐ Rifle--Caliber _____ ☐ Handgun--Caliber _____ ☐ Shotgun--Gauge _____
☐ Other _____ ☐ Unknown
☐ INSTRUMENT: ☐ Blunt ☐ Sharp Description: _____
☐ TOXIC AGENT(S) SUSPECTED: ☐ Alcohol ☐ Others _____
☐ DROWNING: ☐ Pond ☐ Lake or river ☐ Ocean ☐ Pool ☐ Bathtub ☐ Other _____
Life preserver: ☐ Yes ☐ No ☐ Unknown Able to swim: ☐ Yes ☐ No ☐ Unknown
Activity _____
☐ FIRE: Suspected cause _____ Smoke detector: ☐ Yes ☐ No ☐ Unknown
☐ FALL: From _____ to _____ Approximate distance _____ feet

ACTIVITY OF DECEDENT AND PREMISES

FATAL INJURY Activity _____
OR ILLNESS: Type of place _____ Specific location _____

Fatal injury or illness occurred on a job: ☐ Yes ☐ No ☐ Unknown

If yes, was employment: ☐ Primary job ☐ Secondary ☐ Volunteer work ☐ Unknown

Name of this employing firm or agency _____

Type of business or industry _____ Decedent's occupation _____

DEATH: Type of place _____ Specific location _____

Examples:

Activity: Running, lifting hay bales, eating, typing letter, driving commercial truck, sleeping, bathing, watching television, fighting, etc.

Type of place: House, apartment, trailer, school, jail, bar or tavern, hotel, restaurant, store, street, hospital, farm, highway, factory, etc.

Specific location: Bathroom, assembly line, kitchen, front yard, office, parking lot, emergency room, roadside, ambulance, car, etc.

On a job: Any activity that is income generating regardless of age of decedent including farming or part time work; also include non-income generating volunteer or charity work.

DESCRIPTION OF BODY

CONDITION: ☒ Intact ☐ Decomposition ☐ Skeletonized
☐ Embalmed ☐ Charred ☐ Prolonged immersion ☐ Exhumed
RIGOR: ☒ None ☐ 1+ ☐ 2+ ☐ 3+ LIVOR: ☒ None ☐ Anterior ☐ Posterior ☐ Lateral
HEIGHT: 5'1 inches ☒ Estimate WEIGHT: 60 pounds ☒ Estimate
BODY TEMPERATURE: ☒ Warm ☐ Cool ☐ Cold HAIR: Color Brown/Blond ☒ Beard ☒ Mustache
EYES: Color Blue Abnormalities none noted
TEETH: Upper ☒ Natural ☐ Dentures ☐ Abnormalities _____
Lower ☒ Natural ☐ Dentures ☐ Abnormalities _____
CLOTHING: shirt, shorts, socks, splint to R ankle, boots ☐ Not clothed
VALUABLES: none ☐ No valuables

TOXICOLOGY REPORT

Office of the Chief Medical Examiner
Chapel Hill, NC 27599-7580

Toxicology Folder: [REDACTED]
Case Folder: [REDACTED]
Date of Report: 31-mar-2003
Page: 1

Case Folder
F2003-02773

DECEDENT: [REDACTED]

Status of Report: Approved
Report Electronically Approved By: Diana Garside, PhD

* * *

=====

SPECIMENS received from Max H. Muse on 25-mar-2003

S030003636: 18.0 ml Blood
SOURCE: Subclavian Vessel

CONDITION: Postmortem
OBTAINED: 23-mar-2003

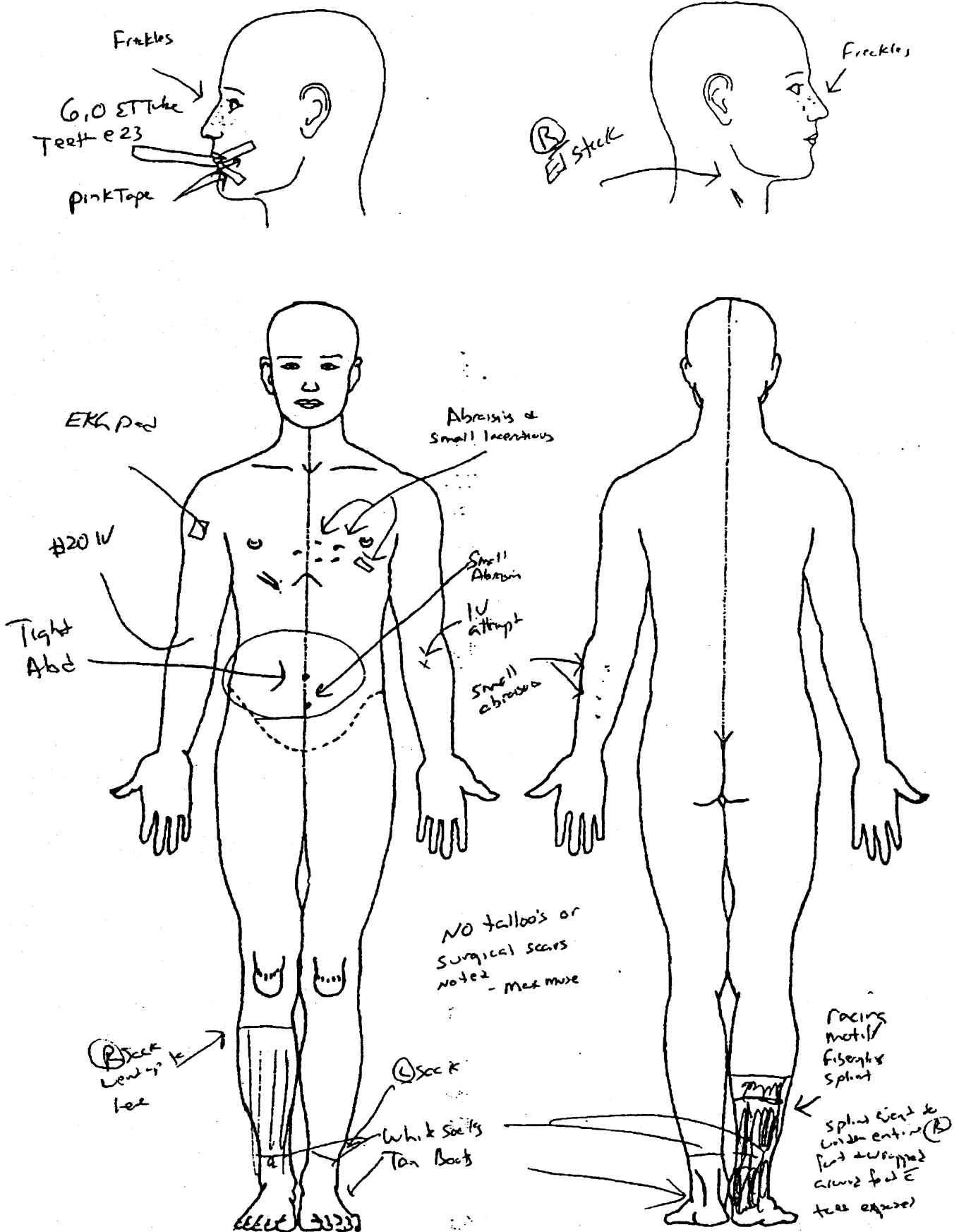
Ethanol ----- None Detected

03/31/2003

040103 06:37

* * * E N D O F R E P O R T * * *

BODY DIAGRAMS



Indicate nature and location of wounds and other lesions (scars, tattoos, medical therapy, etc.) on these diagrams.

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

Called by Charge Nurse at Emergency Dept (Harold Pickett RN) regarding Rollover Death of 10 year old following single vehicle ATV accident. According to father and brother who both witnessed accident - 10 year old riding 1998 or 1999 Clarks 90 4 wheeler (which had been locked into 1st gear and 1/2 throttle max by father) rode up small hill - 4 wheeler front wheels came up - (1) higher than (2) child stood up & leaned forward to compensate, and 4 wheeler rolled over front over rear end & throwing decedent off and rolled over decedent and 4 wheeler ended up back upright. scars (see drawing) to (2) chest under nipple line. Child stood up, then fell down - Blood in mouth, mouth to mouth started, 911 (Richmond Co) activated - 1st responder on scene in 12 minutes - Ambulance left scene at 1224 enroute to Moore Regional (Closest Hospital) and arrived there 1251 HRS. Richmond Co Times - Code Called at Moore Regional in Trauma 9 by Dr Lewis at 1245 HRS (Moore Regional Clock). I examined body of (a small frame 10 year old) decedent finding chest injury. Called CODE and spoke to Dr Radisch - I notified Richmond Co Ster. N Dept Lt. J.D. Stener of death. Blood drawn - Body released back to hospital.

May Murre ME

2/27/1992 M 10Y

03/23/2003

461590

PURPOSE: To document the findings of a medical examiner investigation. When completed, this form constitutes a report to the Chief Medical Examiner as required by G.S. 130A-385(a).
PREPARATION: The investigating medical examiner completes all appropriate information, and signs the certification statement on the front of the form.
DISTRIBUTION: Mail original copy to the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.
DISPOSITION: This form is maintained by the Chief Medical Examiner in accordance with the current records disposition schedule published by the N.C. Division of Archives and History.
COPIES: Additional copies may be ordered from the Office of the Chief Medical Examiner, Chapel Hill, NC 27599-7580.

1. Task Number 010627CNE6492		2. Investigator's ID 9081		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 810	4. Date of Accident YR MO DAY 2001 06 03	5. Date Initiated YR MO DAY 2001 07 06		
6. Synopsis of Accident or Complaint UPC A young boy (age 6 or 8) sustained injuries when the four-wheel all-terrain vehicle he was riding on malfunctioned.				
<p style="text-align: right;"> NEED PRVLSR NOTIFIED COMMENTS: YES NO OVERRULED ATTACHED <input checked="" type="checkbox"/> EXEMPTIONS/FOIA Exs. <u>25c</u> Revisions <input checked="" type="checkbox"/> DO NOT RE-NOTIFY RE-NOTIFY </p>				
7. Location (Home, School, etc) 1 - HOME		8. City WOLCOTT		9. State NY
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name T-REX YOUTH ATV		10C. Model Number 90CC
10D. Manufacturer Name and Address DINLI, USA - VIN UNKNOWN Po Box 613288 Dallas, TX 75261				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 8	13. Sex 1 - Male	14. Disposition 9 - Unknown		15. Injury Diagnosis 70 - No Injury
16. Body Part(s) Involved 99 - NO INJURY	17. Respondent 1 - Victim/Complainant	18. Type of Investigation 2 - Telephone		19. Time Spent (Operational / Travel) 7 / 0
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 07 - Consumer Complaint		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 08/10/2001	25. Reviewed By 8930		26. Regional Office Director Bruce E. Schwartz	
27. Distribution Lansing, Joseph W.; Schwartz, Bruce E.			28. Source Document Number I0160370A	

010627CNE6492

PRE-INCIDENT

There is very limited information available for this report due to the fact that the complainant was only able to be reached at his work and was unable to talk for any length of time. Several attempts were made to contact the complainant at his home but with no response. The complainant was contacted at his work on August 6, 2001. A list of questions and the Release of Name Form was sent in the mail and will be forwarded if received.

The complainant stated that he bought the four-wheel all-terrain vehicle from a local dealer on March 3, 2001. It is unknown if the vehicle was new or not.

The accident victim was either a six or eight year-old male. The victim is the complainant's son and lives at the same address. It is unknown if the victim has any physical or mental handicaps that would hinder with the operation of the vehicle.

The father stated that they had **not** made any alterations or modifications to the vehicle. He also stated that they had not any other problems with the vehicle.

INCIDENT

On June 3, 2001 an accident occurred when the young male was riding in the four-wheel all-terrain vehicle.

POST-INCIDENT

The complainant stated that he called CPSC to try and find out if there had been any other problems with this particular all-terrain vehicle. He then contacted the dealer who sold him the vehicle. The dealer took the vehicle back from him and he was told that the wrong screw size had been put in the throttle. The dealer cited this as the reason for the accident. The complainant also stated that the T-rods came loose.

It is unknown the extent of the victim's injuries or if they had to seek medical attention for them. No other injuries were reported.

010627CNE6492

A picture of the all-terrain vehicle is attached as Exhibit 1. There is also a list of the special features and the vehicle's specifications. There is a copy of instructional set up for the all-terrain vehicle attached below and is labeled Exhibit 2. Both Exhibits 1 and 2 came from the website www.get-t-rex.com.

The all-terrain vehicle was not collect as a sample. There are no pictures of the vehicle since the product is no longer available.

PRODUCT INFORMATION

The product is an all-terrain vehicle. It is a four-wheeler. It was manufactured in Taiwan. It is unknown what the vehicle identification number is on the all-terrain vehicle. The vehicle is considered a youth vehicle. It is manufactured by Dinli and the model is 90CC T-Rex. No other information is available on this vehicle.

The Dinli's home page is listed as www.dinli-atv.com. Their address is listed as Dinli Metal Industries, N051, Industrial 9th Rd, Tall, Taichung, Taiwan, Roc. The telephone number is 886-4-24917666 and fax number is 886-4-24917166. The email address is listed as dlmic@ms56.hinet.net.

The United States address is listed as Dinli, USA, PO Box 613288, Dallas, Texas 75261-3288. The telephone number is 1-886-DINLI-TO (346-5486) and fax number is 1-972-986-1669. The email address is listed as dinliusa@cs.com.

STANDARDS

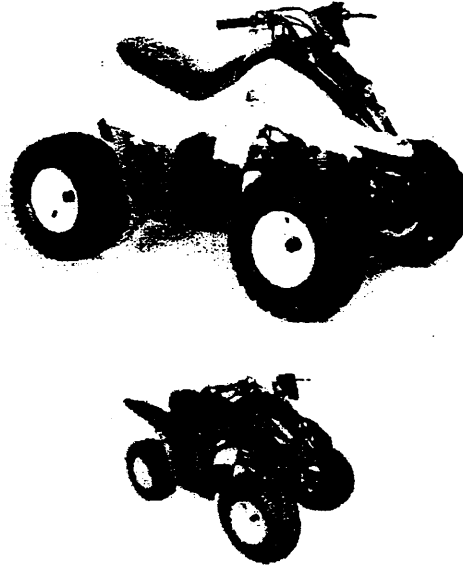
It is unknown if this product conforms to the relevant voluntary standards applicable for these products.

ATTACHMENTS

Exhibit 1 – Pictures and Specifications of the T-Rex 90cc all-terrain vehicle
Exhibit 2 – Assembly Instructions

[Click Here To Order This Unit Online!](#)

T-Rex 90cc ATV High Tech Performance Unit



This High Tech Performance ATV has Many Special Features

(Show Customer Behind Instructions)

- Superior Quality
- Front Day Running Lights
- Rear Stop Lights
- Pop off Seat for Easy Access to Battery and Oil
- Case Hardened Sprockets
- Spring Loaded Chain
- Kevlar Drive Belt
- Tempered Steel Axle that Resists Bending
- Sintered Metal Brake Pads
- Wide Track Rear Ties for Better Stability
- Wide Footprint for Better Traction
- Galvanized Steel Hardware
- Hydraulic Front & Rear Shocks With Compression and Rebound Damping
- Fan Cooled Oil Injected 2-Stroke Engine With High Performance Expansion Chamber for Greater Low to Mid-range Power
- Seat Cradle is Lower Allowing Easier Handling
- Box Section Swing Arm Offers More Rigidity
- Interlocking Body
- Hydraulic Disc Brakes
- Completely Enclosed from Fender to

http://www.get-t-rex.com/nu_view/Product/trex90.html

8/8/01

Exhibit 1 010627CNE6492 – Picture and Specifications of Vehicle

Specifications**Engine**

Displacement

Cylinder

Cooling

Type

Lubrication

Fuel Capacity

Transmission

Drive Train

Starting

Suspension

Front Suspension

Rear Suspension

Travel

Hydraulic Rear Disc Brake

Dimensions

Wheelbase

Length / Width / Height

Tires

Weight (Dry)

Colors**T-Rex 90cc**

89cc

1

Air-Cooled

2-Stroke

Oil injection

1.3 gal/5.2 liter

Belt Drive CVT

Chain

Electric / Kick

A-arm

Rock arm

2 in. / 5cm

Hydraulic Rear Disc Brake

44"

56" x 35" x 37"

19 x 7-8 / 19 x 7-8

238 lbs. / 108 kgs

Red or Blue

T-Rex ATV's Are Loaded With The Goods**Dual Day Running Lights**

specially designed with strong beams for better visibility

Speedometer & Odometer

Odometer doubles as a trip meter - can be reset to measure distance traveled

Switch Assembly

all-in-one design features off/on/off switch, light switch, oil indicator and electric starter

Solid Bumper

reinforced material for durability and resistance to bumps and bangs

Shocks

dual front and single rear hydraulic suspension - adjustable for individual riding comfort on all terrains

Safety Device

for emergency stops just pull strap and unit shuts down

Dual Taillights

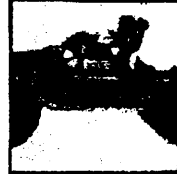
12V / 35W round brake lights

Throttle Control w/Parking Brake

improved design for better control

Hydraulic Disc Brake

the most safe and stable hydraulic disc brake system

Integrated Footrest

with rubber damper to reduce vibration and increase riding comfort

[Click Here To Order This Unit Online!](http://www.get-t-rex.com/nu_view/Product/trex90.html)

For More Information, Please Contact:

TRANSNATIONAL OUTDOOR POWER**(877) GET-T-REX • Fax: (501) 880-9998 • eMail: transnat@cei.net**http://www.get-t-rex.com/nu_view/Product/trex90.html

8/8/01

GET-T-REX BEFORE IT GETS YOU!!

About Our Products

MT-REX ATV 50cc / 90cc SET-UP

- 1) Remove the ATV from crate.
- 2) Service battery - Put the battery acid in battery. Battery should be charged for at least one hour with a 4 amp charger.
- 3) Remove the plastic from the handlebars and fuel tank.
- 4) Put the handlebars in driving position and tighten. If the hand brake presses all the way in, the rear brake reservoir may have to be bled. This is caused by the position of the handlebars during shipment. Call (877) GET-T-REX for instructions on how to prepare the hydraulic disc brakes, should this occur.
- 5) Rear wheels are put on backwards for shipping purposes. Remove the rear wheels, turn them so that the valve stem is on the outside, and then remount. Instructions for proper air in the tires is located on the left side rear fender by the footrest.
- 6) Remove the seat. The seat latch is located under the rear fender, in front of the tail lights.
- 7) Fill oil tank with 2-stroke injector-type oil.
All oil tanks and oil tank sensors have been tested at the factory. Oil tanks have had oil in them which may cause oil tank sensor float to stick. If this is the case with your ATV, fill the oil tank completely full with oil and after riding, the float will be lubricated and the light should go off. If you need assistance, call (877) GET-T-REX.
- 8) Fill the fuel tank with unleaded gasoline, and make sure the fuel cock is in the ON position. The fuel cock is located on the right side of the ATV, below the fuel tank.
- 9) Install battery after it has been fully charged.

YOUR UNIT IS NOW READY TO START.

- On the left side of the handlebar there is a red kill switch button. This red button should be in the middle position for starting.
- The ignition switch should be in the ON position to start the ATV. The ignition switch is a two-position switch. Turn the key to the first notch; this is the ON position.

<http://www.get-t-rex.com/nu view/Product/setup.html>

Exhibit 2 010627CNE6492 - Instructional Sheet

8/8/01

- With ignition switch ON and fuel cock in the ON position, push the yellow starter button (DO NOT THROTTLE ATV). The ATV should start immediately.
- This ATV has an automatic electric choke. When the ATV is first started the automatic choke causes it to idle at a high rate for about one minute. The automatic choke turns itself off when the ATV is warm.
- The front day running lights have two switches. Turn the ignition key to the second notch, and the gray button on the left side of the handlebar must be in the ON position for front day running lights to be turned on.
- Located at the rear of the ATV is a tethered kill switch. It is for safety purposes while training your child to ride the ATV.
If you need any assistance with your T-REX ATV, please call (877) GET-T-REX.
Happy Riding!

Back to MENU of Services

For More Information, Please Contact:
TRANSNATIONAL OUTDOOR POWER
(877) GET-T-REX • Fax: (501) 880-9998 • eMail: transnat@cei.net

Task No.: 010627CNE6492

STATUS OF MISSING DOCUMENT

The purpose of this record is to notify the reader that the following document(s), which is/are missing from this report, will not be collected.

1. Release of Name Form
2. List of Questions sent to complainant
3.

The investigator indicates in the report that he/she requested a copy of the above listed document(s), but the document(s) was/were not yet available when the investigation report was completed. The investigator intended to forward the document(s) for attachment to this report when the requested material was obtained.

The investigator has made numerous attempts, since the original request, to collect a copy of the requested document(s) but has not been successful. Because of the problems associated with the collection of this material and our limited investigation resources, no additional efforts will be made to collect the missing document(s).

We apologize for any inconvenience the missing data may cause you.

Date: November 2, 2001

Investigator No.: 9081

Regional Office: FOER

Supervisor No.: 8930

Pulley, Autumn S

From: Pucciarelli, Ellen M
Sent: Friday, June 22, 2001 6:01 PM
To: Emerging Hazards; Hazard; Internet Incident Reports; Clearinghouse
Cc: Cohn, Murray S.
Subject: Internet Form Complaint - Doc #I0160370 Please disregard the earlier one - it was a duplicate of #I0160369- sorry!

6/22/01 5:24:23 PM

Name = [REDACTED]
Address = [REDACTED]
City = WOLCOTT
State = NY
Zip = 14590
Email = [REDACTED]
Telephone = [REDACTED]
Name of Victim = [REDACTED]
Victim's Address = SAME
Victim's City =
Victim's State =
Victim's Zip =
Victim's Telephone =

ISSUE

39

JUN 25 2001

Incident Description: AN APPARENT PROBLEM WITH THE BRAKES, THROTTLE AND GOVERNOR ON THE 90CC T REX DINLI YOUTH 4 WHEELER, RESULTED IN A VERY SERIOUS ACCIDENT AND INJURYS. I AM IN SERCH OF OTHER PROBLEMS INVPLVING THESE MACHINES

Victim's age at time of incident = 6,8
Victim's sex = Male
Date of incident = 6-3-01
Product involved = YOUTH ATV
Product brand name/manufacture = 90CC T RX BY DINLI
Place where manufactured (City and State) = TIAWAN
Product involved still available = Yes
Product model and serial number = T REX
Date product purchased = 3-3-01
Name Release = Do not release name

1. Task Number 030917HCN0906		2. Investigator's ID 8021		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 830	4. Date of Accident YR MO DAY 2003 08 25	5. Date Initiated YR MO DAY 2003 09 24		
6. Synopsis of Accident or Complaint UPC The victim, a five-year old male, was riding a four wheel ATV on a oval dirt track behind his home. The victim, who was alone at the time, apparently hit a wood pile while riding the ATV down a five foot slope on the track. The ATV overturned and landed on top of the victim. The victim was pronounced dead at a local hospital with the official cause of death being mechanical asphyxiation. <div style="text-align: right;"> <p>NEED PRV. PR NOTIFIED <i>gc 9/9/04</i></p> <p>COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> OVERRULED; <input checked="" type="checkbox"/> ATTACHED</p> <p><input checked="" type="checkbox"/> EXCISIONS/FOIA Exs <i>25C</i></p> <p><input checked="" type="checkbox"/> Revisions</p> <p><input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY</p> </div>				
7. Location (Home, School, etc) 1 - HOME		8. City PRINCETON		9. State IN
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name RIDGE RUNNER VIN# LALAAASCX2H007110		10C. Model Number UNKNOWN
10D. Manufacturer Name and Address AMERICA SUNDIRO Russellville, AR				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 205	13. Sex 1 - Male	14. Disposition 8 - Death	15. Injury Diagnosis 65 - Anoxia	
16. Body Part(s) Involved 85 - ALL OF BODY	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 2 - Telephone	19. Time Spent (Operational / Travel) 10 / 0	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 05 - Newspaper		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 10/22/2003	25. Reviewed By 8631		26. Regional Office Director Eric B. Ault	
27. Distribution Ingle, Robin L.			28. Source Document Number G0390125A	

The respondent in this investigation was the Indiana Conservation Officer who investigated this incident. The respondent was contacted by telephone on numerous occasions between 9/24/03 and 10/20/03. The respondent's investigative report is attached.

The victim in this incident was a five year-old male who was considered to be in excellent health at the time of the incident. The victim was 42 inches in height and weighed 48 pounds. Alcohol, drugs and/or medication was not considered to have been a factor in this incident.

Weather conditions were described by the respondent as being clear, dry and plenty of available daylight. The respondent did not feel weather conditions were a factor in this incident.

On 8/25/03, the victim apparently was riding a four-wheeled ATV on an oval track that was located behind his home and on private property. The track was not a public ATV facility. The respondent described the track as being oval in shape and approximately 250 feet in length. The oval track also had an estimated five foot slope and was constructed of dirt. The track was believed to have been constructed by the victim's father who was a veteran sprint car driver and builder of race cars.

The victim was riding the ATV alone at the time of the incident and according to the respondent, was wearing protective clothing that included riding clothes, shirt, pants, gloves and a child size helmet. The exact actions of the victim and sequence of events are unknown since the victim was riding the ATV alone at the time. The respondent stated that the victim appeared to enter the track from a secondary trail that entered the track on the south east corner. The track had an estimated five foot slope and as the victim headed down the slope, he hit a wood pile that was located on the south bank of the track. The wood pile was from a maple tree that had been cut down earlier. When the ATV hit the wood pile, it overturned and landed on top of the victim.

The victim was found facedown into the dirt track with the ATV directly on top of him. When the victim was found, it is unknown exactly how long the victim had been pinned underneath the ATV. When found the victim was not breathing and had a substantial amount of dirt in his mouth and eyes. The victim's father attempted CPR on the victim who did not have a pulse and was not breathing when the father got to the scene. The father did not find the victim, but was summoned to the scene by the individual who initially found the victim. The victim was rushed to a nearby hospital by emergency personnel where he was pronounced dead. The coroner's official cause of death was listed by the coroner as being mechanical asphyxiation. The date of death was 8/25/03 with the time of death listed as 5:37pm. The local officials received a call to the scene at 4:35pm.

The respondent stated that the victim's father told him the victim had been riding the ATV since December of 2002 and was allowed to ride the ATV only if he wore protective clothing and gear. The father owned the ATV and the victim had apparently drove the ATV on the track numerous times prior to the incident. The father apparently knew the victim was riding on the track, but was unaware of the incident until someone summoned him. Any formal ATV training the victim might have received was unknown by the respondent. The victim apparently rode the ATV at fairs where he was involved in racing.

The following product information was obtained on the ATV involved in this incident.

MODEL: Four-Wheel America Sundiro Ridge Runner

YEAR: 2002

COLOR: White

ENGINE SIZE: 50cc

VIN NUMBER: LALAAASCX2H007110

MANUFACTURER: America Sundiro
Russellville, AR

The information on the manufacturer was found on the Internet and the above location was listed as an assembly plant and may not be the home office.

ATTACHMENTS

1. Indiana Conversation Officer Case Report
2. Corners Report

IDI 030917HCN0906

CONTACTS:

Duane Englert
Indiana Conversation Officer
District 7 Headquarters
2310 E. SR 364
Winslow, IN 47598
812 789-9538

**REPORT OF RECREATION
VEHICLE ACCIDENT**State Form 3815 (R3 / 11-97)
Department of Natural Resources

This form is not spaced for typewriter use.

☐ Snowmobile☒ Off-road

Property code: 000 Case number: 03-26-072110

ACCIDENTS RESULTING IN INJURY, DEATH OR DAMAGE OF
\$100.00 OR MORE MUST BE REPORTED.
AUTHORITY: IC 14-1-3.5-16 and IC 14-1-3-16

Date (month, day, year)		Day of week		Actual local time		Number of veh.		Number injured		Number of fatalities		Total damage			
08/25/03		Monday		1635		1		-0-		1		\$ -0-			
City		Township		County		State		Exact location							
Princeton		Patoka		Gibson		IN		Residence: Princeton, IN							
Visibility		Wind (MPH)		Terrain/snow condition		Type of terrain		Weather							
<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Night		<input checked="" type="checkbox"/> None <input type="checkbox"/> Strong (15-25) <input type="checkbox"/> Light (0-6) <input type="checkbox"/> Storm (over 25) <input type="checkbox"/> Moderate (7-14)		<input type="checkbox"/> Smooth <input type="checkbox"/> Rough <input type="checkbox"/> None		<input type="checkbox"/> Woods <input type="checkbox"/> Roadway <input type="checkbox"/> Fields <input type="checkbox"/> Lake ice <input checked="" type="checkbox"/> Trail		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Hazy							
Name of operator (last, first, m.i.)				Sex		Name of operator (last, first, m.i.)				Sex					
[REDACTED]				<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		[REDACTED]				<input type="checkbox"/> Male <input type="checkbox"/> Female					
Address (street and number)				Address (street and number)											
[REDACTED]				[REDACTED]											
City, state and ZIP code				City, state and ZIP code											
Princeton, IN 47670				[REDACTED]											
Telephone number		Age		Date of birth (month, day, year)		Telephone number		Age		Date of birth (month, day, year)					
[REDACTED]		5		03/04/1998		[REDACTED]									
Experience of operator				Experience of operator				Experience of operator							
<input type="checkbox"/> Under 20 hrs. <input checked="" type="checkbox"/> 20 to 100 hrs. <input type="checkbox"/> over 500 hrs.				<input type="checkbox"/> Under 20 hrs. <input checked="" type="checkbox"/> 20 to 100 hrs. <input type="checkbox"/> over 500 hrs.				<input type="checkbox"/> Under 20 hrs. <input checked="" type="checkbox"/> 20 to 100 hrs. <input type="checkbox"/> over 500 hrs.							
Formal instruction				Formal instruction				Formal instruction							
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Name of instructing agency				Name of instructing agency				Name of instructing agency							
N/A				N/A				N/A							
Test given				Test given				Test given							
<input checked="" type="checkbox"/> None <input type="checkbox"/> Refused				<input checked="" type="checkbox"/> None <input type="checkbox"/> Refused				<input checked="" type="checkbox"/> None <input type="checkbox"/> Refused							
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> BAC % <input type="checkbox"/> Blood <input type="checkbox"/> Breath				<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> BAC % <input type="checkbox"/> Blood <input type="checkbox"/> Breath				<input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> BAC % <input type="checkbox"/> Blood <input type="checkbox"/> Breath							
Name of registered owner (last, first, m.i.)				Name of registered owner (last, first, m.i.)				Name of registered owner (last, first, m.i.)							
[REDACTED]				[REDACTED]				[REDACTED]							
Address (street and number)				Address (street and number)				Address (street and number)							
[REDACTED]				[REDACTED]				[REDACTED]							
City, state and ZIP code				City, state and ZIP code				City, state and ZIP code							
Princeton, IN 47670				[REDACTED]				[REDACTED]							
Registration number				Registration number				Registration number							
N/A				LALAAASCX2H007110				[REDACTED]							
Make		Model		Year		Number of wheels		Make		Model		Year		Number of wheels	
Sundiro		Ridge Runner		2002		4		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
No. of persons on vehicle		Vehicle damage		Other property damage		No. of persons on vehicle		Vehicle damage		Other property damage		No. of persons on vehicle		Vehicle damage	
1		\$ -0-		\$ -0-		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Operation at time of accident				Operation at time of accident				Operation at time of accident							
<input type="checkbox"/> Cruising <input type="checkbox"/> Being towed <input type="checkbox"/> Fueling <input type="checkbox"/> Attended				<input type="checkbox"/> Cruising <input type="checkbox"/> Being towed <input type="checkbox"/> Fueling <input type="checkbox"/> Attended				<input type="checkbox"/> Cruising <input type="checkbox"/> Being towed <input type="checkbox"/> Fueling <input type="checkbox"/> Attended							
<input checked="" type="checkbox"/> Maneuvering <input type="checkbox"/> Towing sled <input type="checkbox"/> Racing <input type="checkbox"/> Other				<input checked="" type="checkbox"/> Maneuvering <input type="checkbox"/> Towing sled <input type="checkbox"/> Racing <input type="checkbox"/> Other				<input checked="" type="checkbox"/> Maneuvering <input type="checkbox"/> Towing sled <input type="checkbox"/> Racing <input type="checkbox"/> Other							
Name (last, first, m.i.)				Name (last, first, m.i.)				Name (last, first, m.i.)							
[REDACTED]				[REDACTED]				[REDACTED]							
Address (street and number)				Address (street and number)				Address (street and number)							
[REDACTED]				[REDACTED]				[REDACTED]							
City, state and ZIP code				City, state and ZIP code				City, state and ZIP code							
Princeton, IN 47670				[REDACTED]				[REDACTED]							
Date of birth (month, day, year)		Age		Telephone number		Date of birth (month, day, year)		Age		Telephone number		Date of birth (month, day, year)		Age	
03/04/1998		5		[REDACTED]		[REDACTED]				[REDACTED]		[REDACTED]			
Nature of injury/cause of death				Nature of injury/cause of death				Nature of injury/cause of death							
<input type="checkbox"/> Asphyxiation <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement				<input type="checkbox"/> Asphyxiation <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement				<input type="checkbox"/> Asphyxiation <input type="checkbox"/> Interviewed <input type="checkbox"/> Statement							
Name (last, first, m.i.)				Name (last, first, m.i.)				Name (last, first, m.i.)							
See Case Report				[REDACTED]				[REDACTED]							
Address (street and number)				Address (street and number)				Address (street and number)							
[REDACTED]				[REDACTED]				[REDACTED]							
City, state and ZIP code				City, state and ZIP code				City, state and ZIP code							
[REDACTED]				[REDACTED]				[REDACTED]							
Date of birth (month, day, year)		Age		Telephone number		Date of birth (month, day, year)		Age		Telephone number		Date of birth (month, day, year)		Age	
[REDACTED]				[REDACTED]		[REDACTED]				[REDACTED]		[REDACTED]			
Nature of injury/cause of death				Nature of injury/cause of death				Nature of injury/cause of death							
<input type="checkbox"/> Interviewed <input type="checkbox"/> Statement				<input type="checkbox"/> Interviewed <input type="checkbox"/> Statement				<input type="checkbox"/> Interviewed <input type="checkbox"/> Statement							

IDI 030917HCN0906
ATTACHMENT 1
Page 1 of 7

INDIANA CONSERVATION OFFICER
CASE REPORT

State Form 64337 (9-90)

05 ✓

Page 1 of 3		Result F	Case Number 03-26-072110
Offense/Incident		I.C. Code/A.C. N/A	
OFF-ROAD VEHICLE ACCIDENT		TX	
Victim Name/Address		[REDACTED]	
Victim's Address		Sex M	DOB 3/4/1998
PRINCETON, IN 47670		Age 5	SSN N/A
Date & Time of Occurrence	Date & Time Reported	How Reported	Received by PE
8/25/03 1630	8/25/03 1630	TX	GCSD
Reported By (Name & Address)		TX (812) 385-2727	
Location of Offense		Property Code 0	
PRINCETON, IN 47670, [REDACTED] RESIDENCE		[REDACTED]	
City	Township	County	State
PRINCETON	PATOKA	GIBSON	IN
Suspect/Items & Address		DOB	SSN
N/A			
Description/Bus/Race/Hgt./Wgt./Hair/Eyes/Scars, Tattoos/Clothing			
N/A			
Armed?	Mug?	Print?	C.R. Check?
N/A	N/A	N/A	N/A
Witness/Name & Address		TX	
SEE SUMMARY		[REDACTED]	
Vehicle Involved?	Make	Year	Color
YES	SUNDIRO	2002	WHITE
JoReg No	Li. Br.	Li. Yr.	Vehicle
NONE	N/A	N/A	LALAAASGX2H007110
Owner/Name & Address		Where Held	
[REDACTED], PRINCETON, IN 47670		N/A	
Property Stolen/Recovered Status	Ident No.	IDAC/NCIC Entry?	
N/A			
Property Stolen/Recovered Status	Ident No.	IDAC/NCIC Entry?	
N/A			
Summary: WITNESSES:			
[REDACTED] PATOKA, IN 47666			
[REDACTED]			
OWENSIVILLE, IN 47765			
[REDACTED]			
[REDACTED]			
BIRDSEYE, IN 47513			
[REDACTED]			
[REDACTED] (R)			
PRINCETON, IN 47670			
[REDACTED]			
Officer's Name, PE, Date		Officer's Name, PE, Date	
[Signature] 53443		DUANE A. ENGLERT E7773 8/30/03	
Case Status		Case Status	
CLOSED		CLOSED	

IDI 030917HCN0906
ATTACHMENT 1
Page 2 of 7

VOLUNTARY STATEMENT
(NOT UNDER ARREST)

PAGE NO. _____ OF _____ PAGES

I, _____, am not under arrest for, nor am I being detained for any criminal offenses concerning the events I am about to make known to Deputy Ellis. Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.

I am 39 years of age, and I live at RD 1, Potosi, Mo

cell phone

I pick 4 wheel off me. said get help?? 4 wheel WAS OVER ME
HE WAS FACE DOWN.

IDI 030917HCN0906
ATTACHMENT 1
Page 3 of 7

I have read each page of this statement consisting of _____ page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Dated at _____ 19 _____

WITNESS: _____
WITNESS: _____

VOLUNTARY STATEMENT
(NOT UNDER ARREST)

PAGE NO. _____ OF _____ PAGE

I, _____, am not under arrest for, nor am I being detained for any criminal

offenses concerning the events I am about to make known to _____

Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.

I am 31 years of age, and I live at _____ St. Biltmore Ind.

I heard somebody yelling and I ran down to see
what was going on and I saw _____ laying on
his back with the 4-wheeler on its side and his
father over top of him,

IDI 030917HGN0906
ATTACHMENT 1
Page 4 of 7

I have read each page of this statement consisting of _____ page(s), each page of which bears my signature, and corrections, any, bear my initials, and I certify that the facts contained herein are true and correct.

Dated at _____ this _____ day of _____ 19 _____

WITNESS: _____

WITNESS: _____

Signature of person giving voluntary statement

ORDER FROM

ACCIDENT DESCRIPTION

Sequence of events (include failure of equipment, any information regarding the involvement of alcohol and/or drugs in causing or contributing to the accident, and any descriptive information about the use of safety equipment. Continue on additional sheets if necessary.)

See attached case report.

FDI 030917HCN0906

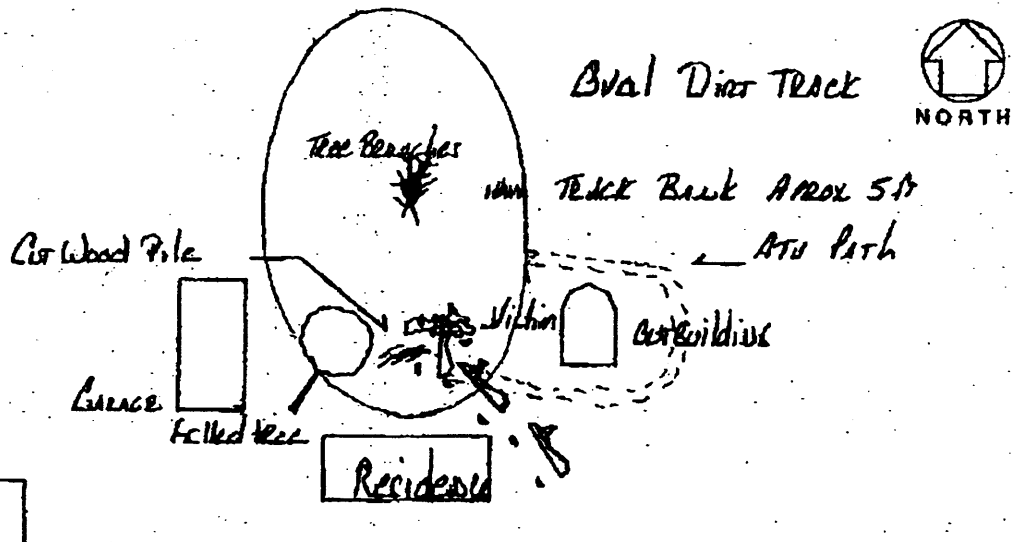
ATTACHMENT 1

Page 5 of 7

VEHICLE 1	Nature of classification of accident	<input type="checkbox"/> Collision with another off-road veh.	VEHICLE 2	Nature of classification of accident	<input type="checkbox"/> Collision with another off-road veh.
	<input checked="" type="checkbox"/> Fell from machine	<input type="checkbox"/> Fire or explosion		<input type="checkbox"/> Fell from machine	<input type="checkbox"/> Fire or explosion
	<input checked="" type="checkbox"/> Over turning	<input type="checkbox"/> Collision with another snowmobile		<input type="checkbox"/> Over turning	<input type="checkbox"/> Collision with another snowmobile
	<input type="checkbox"/> Skidding	<input type="checkbox"/> Collision with another object		<input type="checkbox"/> Skidding	<input type="checkbox"/> Collision with another object
	<input type="checkbox"/> Collision with another person	<input type="checkbox"/> Struck hidden object in snow		<input type="checkbox"/> Collision with another person	<input type="checkbox"/> Struck hidden object in snow
<input type="checkbox"/> Collision with another vehicle	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Collision with another vehicle	<input type="checkbox"/> Other (specify) _____		

ACCIDENT DIAGRAM

Not To Scale



Bald Hill Rd

Operator 1 Insured by:		Operator 2 Insured by:		Date of report (month, day, year)
Name of Investigating officer		Name of Field Supervisor		08/28/2003
Dennis A. Edwards		F. J. Quinn		Date (month, day, year)
Name of assisting officer		Agency		02 Sept 03
Brian Ellis		GCSD		Were charges filed as a result of this accident?
I.D. number		I.D. number		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26-17				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

INDIANA CONSERVATION OFFICER
SUPPLEMENTAL CASE REPORT

State Form 44338 (8-89)



Page 2	of 2	Result F	Case Number 03-28-072110
I.G. Code A.A.C. N/A			

Offense/Incident
ATV ACCIDENT

Victim Name/Business

TX

SUMMARY:

On 08/25/03 the Gibson County dispatch contacted me at home and advised me of a possible fatal off-road vehicle accident. The accident was located at the [REDACTED] residence. The Gibson County Ambulance Service, Princeton Police Department, Gibson County Sheriff's Deputies [REDACTED] and the Patoka Township Fire Department were on scene. The victim, [REDACTED] was transported to Gibson General Hospital prior to my arrival on scene.

Deputy Ellis secured the scene and obtained witness statements (See Attached). The scene was located on the North side of the [REDACTED] residence, an oval dirt ATV track approximately 250 feet in circumference. A large maple tree had been cut down and was on part of the oval track (SW corner). A small stack of cut wood was lying on the South bank of the track. Several branches of the tree had been trimmed and moved to the center of the oval track. The limbs and wood was cut by [REDACTED] (grandfather to victim). The oval track was banked approximately 5 feet along the South and East side. A secondary trail was observed. The trail connected the East side of the track and the South East corner after going around a small out building on the [REDACTED] property.

The victim appeared to be riding the 50cc 4-wheeler onto the dirt track from the South East corner. Upon entering the track, the victim appeared to have traveled down the 5 foot sloped bank and struck the wood pile causing the 4-wheeler to overturn. The victim was then pinned under the 4-wheeler face down. [REDACTED] (witness) advised he found the victim but did not know the accident had happened. He advised the victim was face down in the dirt and not breathing. The father responded and started CPR. Patoka Township Fireman Bruce Blaize was on scene shortly after the 911 call and advised Code Blue. Mr. Blaize advised the victim had a substantial amount of dirt in his mouth and eyes. The victim was transported to the Gibson General Hospital Emergency Room and was pronounced dead there.

Deputy Ellis Hayes and I photographed the scene. The 4-wheeler was reported overturned on top of the victims back. No significant damage to the dirt track or the 4-wheeler was observed. The accident was not witnessed by anyone. Several people were on the [REDACTED] property at the time of the accident.

The Gibson County Coroner was called to the hospital. I responded and assisted. The victim was photographed by the Coroner, Rick Hickrod.

The Coroner and I then returned to the [REDACTED] residence. I then spoke with Mr. [REDACTED]. Mr. [REDACTED] advised his son has rode the 4-wheeler since 12/02 and was allowed to ride only if he wore his protective gear, pants, shirt and helmet. Mr. [REDACTED] advised the victim was riding on the track but he was not aware that the had wrecked. He advised the victim did not have a pulse and was not breathing when he responded to the victim.

On 8-26-03, the Gibson County Coroner's office did conduct an autopsy. Coroner Rick Hickrod advised me the victim did die due to asphyxiation.

Dist. Cdr. Name, P.E. Date

Reg. Cdr.

Case Status

Officer's Name, P.E. Date

Closed

Duane A. Englert E7773 08-30-03

IDI 030917HCN0906
ATTACHMENT 1
Page 6 of 7

VOLUNTARY STATEMENT
(NOT UNDER ARREST)

PAGE NO. _____ OF _____ PAGES

I, _____, am not under arrest for, nor am I being detained for any criminal

offenses concerning the events I am about to make known to _____

Without being accused of or questioned about any criminal offenses regarding the facts I am about to state, I volunteer the following information of my own free will, for whatever purposes it may serve.

I am 50 years of age, and I live at _____ Omarillo, TX _____

I was outside the shop and walked around the back top and saw the 4 wheeler on top of the boy. Went back to shop and call 911.

IDI 030917HCN0906
ATTACHMENT 1
Page 7 of 7

I have read each page of this statement consisting of _____ page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct.

Dated at _____ this _____ day of _____ 19 _____

WITNESS: _____

WITNESS: _____

Signature of person giving voluntary statement

ORDER FROM

ENFORCEMENT SYSTEMS INC. • P.O. BOX 1836 • CORPUS CHRISTI, TEXAS 78401-1836

CORONER'S REPORT

(VERDICT)

DECEDENT Full name and address [REDACTED] Princeton, Indiana 47670	DATE AND TIME OF DEATH 08/25/03 at 5:37 P.M.
	PLACE OF DEATH Gibson General Hospital, E.R. Princeton, IN
DESCRIPTION: Male/Caucasian; 36"/Height; Blo/Hair; Bro/Eyes; 48 lbs./Weight and 5 years of age.	CASE NUMBER C263603
<p>SYNOPSIS:</p> <p>On August 25, 2003 the Gibson County Sheriff's Department, Central Dispatch notified the Gibson County Coroner's Office of a death at Gibson General Hospital in the emergency room. This death was apparently the result of an ATV mishap that occurred earlier in the afternoon at a residence north of Princeton on Old Petersburg Road. Richard D. Hickrod, Gibson County Coroner was notified at 5:52 P.M. and arrived at 6:06 P.M. Bob Hayes, deputy sheriff, who along with Bryan Ellis, deputy sheriff were assisting Duane Englert, Indiana State Conservation Officer in the scene investigation, they met the coroner at the hospital. Information was gathered about the circumstances of the fatal event. Scene investigators also took photos at the ATV scene. Apparently the decedent was found face down in the dirt on a track, used for riding ATV's behind the family residence. The four-wheeler vehicle had overturned and had been on top of the victim. According to Englert, the decedent had been wearing protective riding clothing, shirt, pants, gloves and a child size helmet.</p> <p>The ATV had been removed and CPR started by the father. Bruce Blaize, a firefighter with the Patoka Township Fire Department, who is also a neighbor, heard the page for assistance and immediately went to the scene. He then joined the father in performing CPR and continued until the subject was transported by Gibson County EMS. Information was also gathered from hospital personnel and copies of their information were obtained.</p> <p>The decedent was supine on a spine board, with head immobilized, intubated, cardiac monitor pads present and I.V. lines in place. An inspection of the decedent was made and photos were taken. The decedent displayed signs consistent with an asphyxial death. Marked blue-black discoloration was present around the eyes, nose and mouth. There were apparently no injuries.</p> <p>The decedent was transported from the hospital by the Gibson County MRU, to the Vanderburgh County Coroner's Office, morgue facility.</p> <p>Englert and Hickrod then went to the residence to meet with the parents and further information was obtained as well as an explanation of what was going to take place and where their son's body had been taken.</p> <p>Mark M. LeVaughn, M.D. (coroner's forensic pathologist) performed the autopsy on August 26, 2003. Specimens were obtained for routine testing.</p> <p>The cause and manner of death are felt to be as stated.</p>	
<p>CAUSE OF DEATH: Mechanical Asphyxia. A. Evidenced by: Petechiae of Head, Face, Neck, Shoulders and Lungs. B. Resulting in: Suffocation. C. Associated with: 1. Abrasions of Left Leg. 2. Ecchymosis of Face. 3. No Lethal Traumatic Injury. ATV Accident.</p>	
CONTRIBUTING CAUSE:	
MANNER OF DEATH Accident	WAS AN AUTOPSY DONE? Yes
BLOOD/ALCOHOL ANALYSIS No	

I, Richard D. Hickrod, Coroner of Gibson County, Indiana do hereby certify that I have caused an examination to be made of the body, made an inquiry into the circumstances of the death and now render these Findings,
this 4th day of September, 2003

COPY

Richard D. Hickrod
CORONER

IDI 030917HCN0906
ATTACHMENT 2
Page 1 of 1

Task Number 030917HCN0906

INTERVIEWER: When the response to a particular question is unknown, please leave blank.

Type of respondent: Other

Other, specify: conservation officer

1. What type of vehicle was involved in the incident? (If vehicle is not an ATV, or if ATV has more than 4 wheels, politely thank respondent for her/his cooperation and terminate interview).

- | | |
|---------------------------------------|---------------------|
| 1 - 3 wheeled ATV | 7 - Utility Vehicle |
| ② - 4 wheeled ATV | 8 - Other Vehicle |
| 3 - ATV with unknown number of wheels | 0 - Unknown |
| 4 - 2 wheeled motorcycle | |
| 5 - Dune Buggy | |
| 6 - ATV with more than 4 wheels | |

2. What is the manufacturer/brand name of the ATV(s) involved in the incident? If more than two ATVs, use an additional sheet.

ATV #1

ATV #2

Manufacturer: 88 - Other

Manufacturer:

3. What is the model name or number and/or vehicle identification number (VIN) of the ATV?

Model: America Sundiro

VIN: LALAAASCX2H007110

4. What is the model year of the ATV? (Record last two digits of model year. For example 89,90).

Model Year: 2002

5. What is the engine size (in CCs) of the ATV?

Engine Size: <= 50cc

6. Was there more than one death involved in this incident? If more than two individuals were killed use an additional sheet.

Death #1

Death #2

Date of Death: 08/25/2003

Age/Sex: 5 / Male

State of Death: INDIANA

City of Death: Princeton

County of Death: Gibson

7. Describe how the incident occurred. (Use additional sheets if necessary).

The victim, a five-year old male, was riding a four wheel ATV on a oval dirt track behind his home. The victim, who was alone at the time, apparently hit a wood pile while riding the ATV down a five foot slope on the track. The ATV overturned and landed on top of the victim. The victim was pronounced dead at a local hospital with the official cause of death being mechanical asphyxiation.

8. Did the ATV overturn/tipover/rollover? Yes

9. If ATV overturned/tipped over/rolled over, did it land on the victim?

Victim 1:

Victim 2:

☒ Yes No Unknown Yes No Unknown

10. Who was killed in the incident? Check all that apply.

☒ 1 - Driver 3 - Bystander 8 - Other
2 - Passenger 4 - Driver/Other Vehicle

11. Was the victim wearing a helmet at the time the incident occurred?

Victim 1:

Victim 2:

☒ Yes No Unknown Yes No Unknown

12. How many riders (including the driver) were on the ATV at the time the incident occurred?

0 - Unknown 2 - Two riders 4 - Four or more riders
☒ 1 - One rider 3 - Three riders

13. List the following physical characteristics of the DRIVER of the ATV:

Age: 5 Height: 42 (inches)
Weight: 01 = 74 and unde Sex: Male

14. How did the driver learn to operate an ATV (READ LIST)

- 1 - Organized Program Sponsor's Name:
- 2 - Dealer/Salesperson Arranged through dealer:
- 3 - Friend/Relative Friend/Relative Age:
- 4 - Self
- 5 - Other (Specify)
- ⑨ - Don't Know

15. What was the type of terrain (ground surface) being travelled at the time the incident occurred?

88 - Other

16. Type of road being travelled by ATV when incident occurred?

09 - NA (Not a road)

17. Identify any other motor vehicle(s) involved in this incident.

09 - NA (Not a traffic incident)

18. Had the driver of the ATV used alcohol just prior to the incident?

2 - No

19. Had the driver taken any drugs or medication just prior to the incident?

2 - No, Drugs

Additional Comments:

Victim was riding on a 250 foot oval dirt ATV track behind his home. The track was not a public ATV track and located on private property.

IPC

P.O. BOX 784
BLOOMINGTON, IN 47402
800-276-8588

AUG 27 2003

OAKLAND CITY
JOURNAL

OAKLAND CITY
Circ: 1,126
Party: Democrat
Dist: Wed
County: Gibson, IN
Pop: 32,400

ISSUE 53

SEP 29 2003

G039 0125A

IOI #

030917HCN0906

Princeton boy dies in ATV accident

By RICH AZAR

Chief staff writer

719
PRINCETON — A 5-year-old boy with an inherited love for racing was killed Monday afternoon in an all-terrain vehicle accident on a track at his home.

The boy was riding his four-wheeler around the dirt track when the vehicle, built for a child, flipped over and landed on him, according to Gibson County Coroner Rick Hickrod. The boy was "wearing a helmet and full racing gear, the pants, the gloves, everything. All the safety precautions were taken," he said.

"These are the kind that no matter how long you've been at it, you just never get used to," said Hickrod, who has served 27 years as deputy coroner or coroner. "I've probably seen nothing any sadder."

The son of [redacted] and [redacted] had been "doing this for a number of years. I guess he even raced four-wheelers at the fair," Hickrod said. The father is a veteran sprint-car driver who now builds race cars.

Hickrod said dispatchers received a 911 call at 4:25 p.m. from the home on Old Petersburg Road, north of Princeton. A Patoka Township firefighter, Bruce Blaize, lives just up the road and arrived to find the father trying to resuscitate his son, the coroner said.

Blaize sounded a "code blue," meaning no heart-beat or respiration. Emergency responders swarmed to the scene and the boy was taken by ambulance to Gibson General Hospital, where resuscitation attempts continued. The boy was pronounced dead at 5:37 p.m., Hickrod said.

The cause of death is pending. An autopsy was scheduled to be conducted Tuesday at the office of the Vanderburgh County Coroner, Hickrod said. Conservation officers and sheriff's deputies are investigating the tragedy.

1. Task Number 010705CCN0725		2. Investigator's ID 8187		EPIDEMIOLOGIC INVESTIGATION REPORT
3. Office Code 830	4. Date of Accident YR MO DAY 2000 04 18	5. Date Initiated YR MO DAY 2001 08 10		
6. Synopsis of Accident or Complaint UPC A 3-year old girl was riding with her father on a 50cc four-wheeled ATV. She was able to insert her right foot into the drive chain of the vehicle. This resulted in the amputation of five toes.				
<p style="text-align: right;"> <i>9/9/04</i> NEISS/NIJ SR NOTIFIED COMMENTS: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OVERRULED: <input type="checkbox"/> ATTACHED <input checked="" type="checkbox"/> EXEMPTIONS/FOIA Ex. <i>29C</i> <i>Revisions</i> <input checked="" type="checkbox"/> DO NOT RE-NOTIFY <input type="checkbox"/> RE-NOTIFY </p>				
7. Location (Home, School, etc) 1 - HOME		8. City RUSSELLVILLE		9. State AR
10A. First Product 3286 - All Terrain Vehicles (four W		10B. Trade/Brand Name SUNDIRO SUNRAY		10C. Model Number 50CC LALAA7S24YH
10D. Manufacturer Name and Address AMERICAN SUNDIRO (ASSEMBLER) 1310 S. Elmira Russellville ,AR, AR 72802				
11A. Second Product 0		11B. Trade/Brand Name NONE		11C. Model Number NONE
11D. Manufacturer Name and Address NONE				
12. Age of Victim 3	13. Sex 2 - Female	14. Disposition 4 - Hospitalized	15. Injury Diagnosis 50 - Amputation	
16. Body Part(s) Involved 93 - TOE	17. Respondent 3 - 2nd Hand Info Only	18. Type of Investigation 3 - Other	19. Time Spent (Operational / Travel) 11 / 4	
20. Attachment(s) 9 - Multiple Attachments		21. Case Source 13 - Other Case Source		22. Sample Collection Number
23. Permission to Disclose Name (Non NEISS Cases Only) <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Verbal				
24. Review Date 08/21/2001	25. Reviewed By 8631		26. Regional Office Director Eric B. Ault	
27. Distribution David, Jo-Annette; Blend, Larry S.			28. Source Document Number G0170069B	

INJURY SCENARIO:

PRE-INJURY PHASE:

According to the attorney representing the family of the 3 ½ year- old victim, the product involved in this injury was purchased from the assembler of the product. The American facility distributing the product receives the vehicle parts made in Taiwan and assembles them in a plant in the United States. An uncle of the victim's, who works at the assembly plant, bought the vehicle at the assembly plant for the victim's father. It is believed the product was purchased a few months before the injury occurred. The date of manufacture of the product is 9-17-99. The injury occurred on 4 -18-00. The attorney stated that the victim' father normally rode the child around the yard of the family's home. She was placed in front of her father between the handlebars and her father.

She was not driving the vehicle herself. On the day of the injury, it is reported that the child was sitting in front of her father. He was driving the vehicle in a circle in their front yard. It is believed that the slope was very minimal and that the speed of the ATV was between 8 to 10 mph at the time of the injury.

NOTE:

The initial contact re: this investigation was with the engineering firm on 7/24/01 with my visiting with Joe Capps, Engineer of Ryan Engineering, in Siloam, Springs, AR. Contact has not been made with the family. A follow up personal meeting with the Attorney representing the victim's family was held on 08/03/01 in Little Rock, AR.

INJURY PHASE:

The child who was wearing soft "Bunny rabbit" shoes apparently was able to insert her right foot under the stainless steel shield that covered the exhaust pipe. The child's toes engaged the drive chain that rotates around a metal sprocket. This sprocket is located behind the stainless steel shield.

The drive chain is approximately 13 inches below the top level of the leather seat on which the victim and her father were sitting. The seat measures approximately 23 inches long and is approximately 23.5 inches from ground level. The victim's foot was pulled back by the drive chain and under the stainless steel shield. The under edge of the shield was sharp enough to amputate all five toes of the girl's foot.

POST INJURY PHASE:

The father immediately rushed his daughter to the hospital in their city. Her severed toes were also taken. After being treated in the emergency room with antibiotics and pain medicine the victim was transported by ambulance to a children's hospital

determination was made to wait another three days to skin graft because the wound was approximately 60% granulated. It was nine days after the injury when the victim underwent skin grafting using a donor site on the right buttock area to her right foot. According to the medical report (attachment 5), the wounds were 98% granulated with defects measuring 20 by 70-mm squared. The long-term prognosis, according to the Surgeon, is the victim will probably have to undergo further surgery for the scarring of her foot and for potential bony spikes that might occur during her remaining growth. She will have a permanent scar on her foot and will have subtle changes in her gait pattern, as well as difficulty in shoeing for the rest of her life.

After the incident occurred, (time span unknown), the victim's father was provided a rubber safety shield or guard from the firm to attach to the right side of the ATV. In effect this shield guards against a driver/passenger's foot from becoming engaged with the drive chain. A photograph in Attachment # 3, Figure 3 is included. Additional information is being requested through the Attorney regarding the provision (timing/how requested etc.) of the rubber guard after the incident. However, the Attorney representing this family will out of the state for another week or so.

PRODUCT DESCRIPTION:

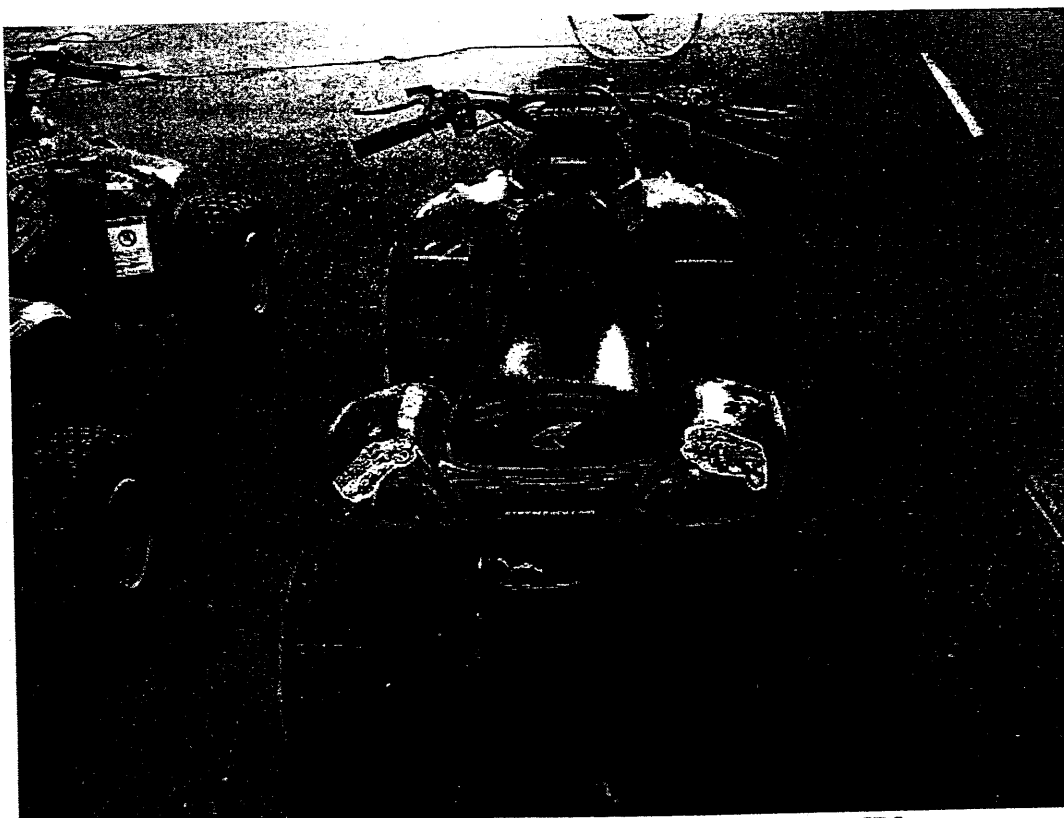
The product involved is a "Sundiro Sunray" X-90 four wheeled ATV which bears a VIN# of LALAA7S24YH009762. The engine displacement is 50cc. From data obtained from the Engineering lab retained by attorneys representing injured victims, the ATV has an automatic transmission, a chain drive, a wheel base of 35.4 inches, and tire sizes of 16X 18-7. The product is manufactured by American Sundiro which is a Taiwan owned/controlled firm. The product is believed assembled from parts shipped from Taiwan to a plant located in Russellville, AR. The date of manufacture (assembly) for this ATV is 9-17-99. This date was found on the VIN plate.

The product has a stainless steel shield to cover the exhaust pipe. This shield is approximately 13 inches below the seat level of the ATV. The stainless steel shield is approximately 17 cm wide (horizontal measurement), 11 ½ cm long (vertical measurement) at its longest dimension, and approximately .032 of an inch in thickness. The shield bears the label 'VERY HOT, DO NOT TOUCH'. Immediately under the shield is the anterior metal sprocket, which allows the drive chain to rotate—propelling the ATV. The distance between the rear plastic shell (frame) of the ATV and the shield is approximately 8 cm.

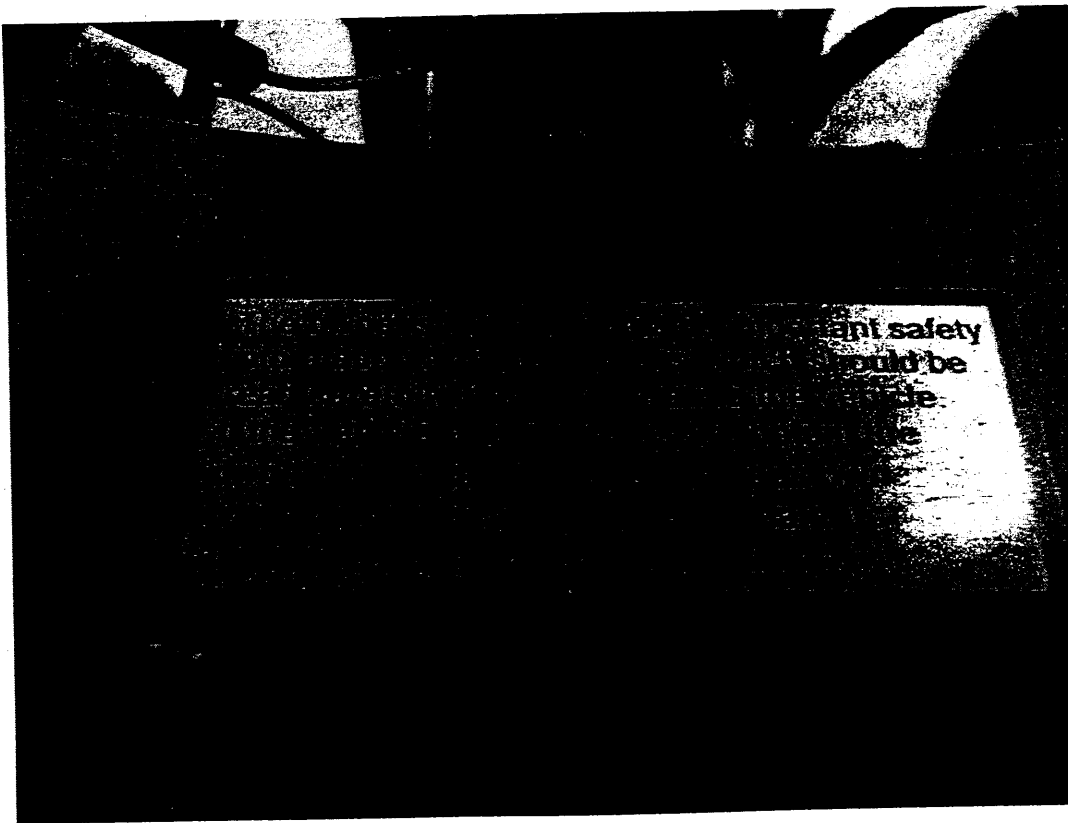
The following photographs are of the product involved in the injury.

This ATV was photographed at the engineering firm that was hired to evaluate the safety of the product. There was no safety labeling on the vehicle other than the 2nd photo showing the label found on the gas tank near the handlebars.

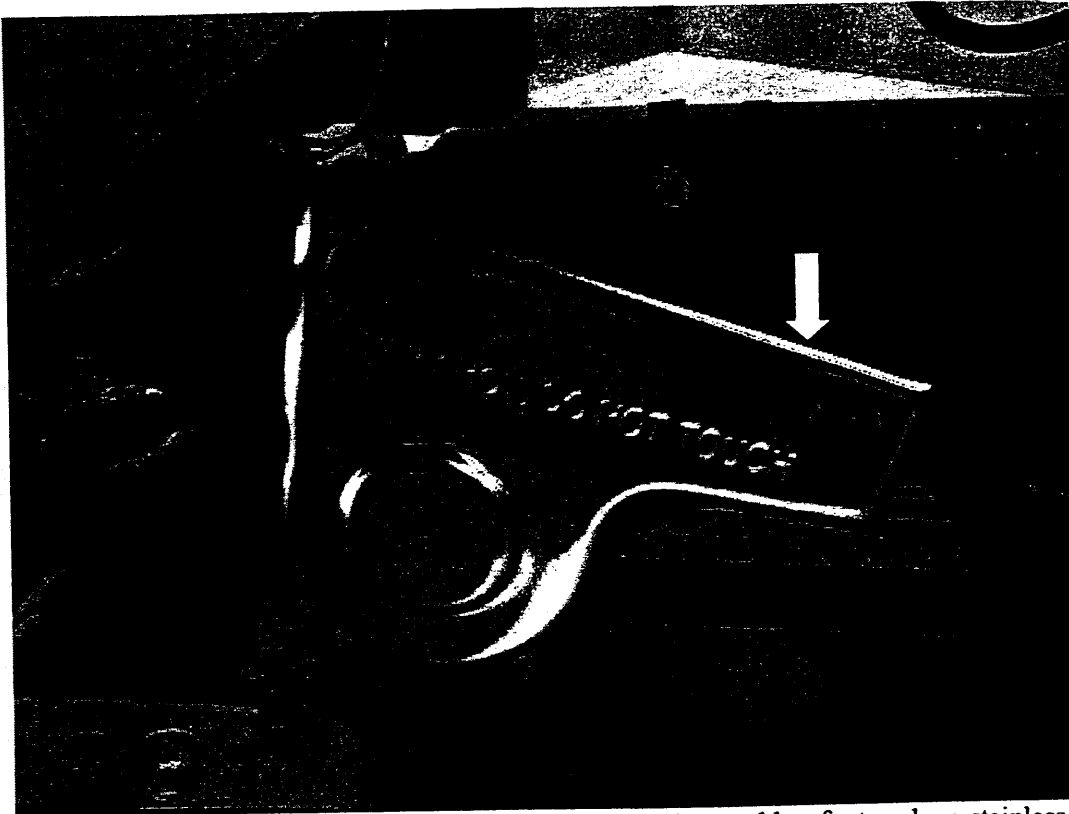
The first photograph is of the Sundiro ATV. The X-90 does not refer to the cc displacement. This ATV has a displacement of 50cc.



NOTE: THE ATV TO THE LEFT IS THE SUBJECT OF ANOTHER IDI
(010705CCN0724) WHICH BEARS THE IMPULS TRADEMARK. PRODUCT
ASSEMBLED AT THE SAME PLANT AS THE SUNDIRO SUNRAY.

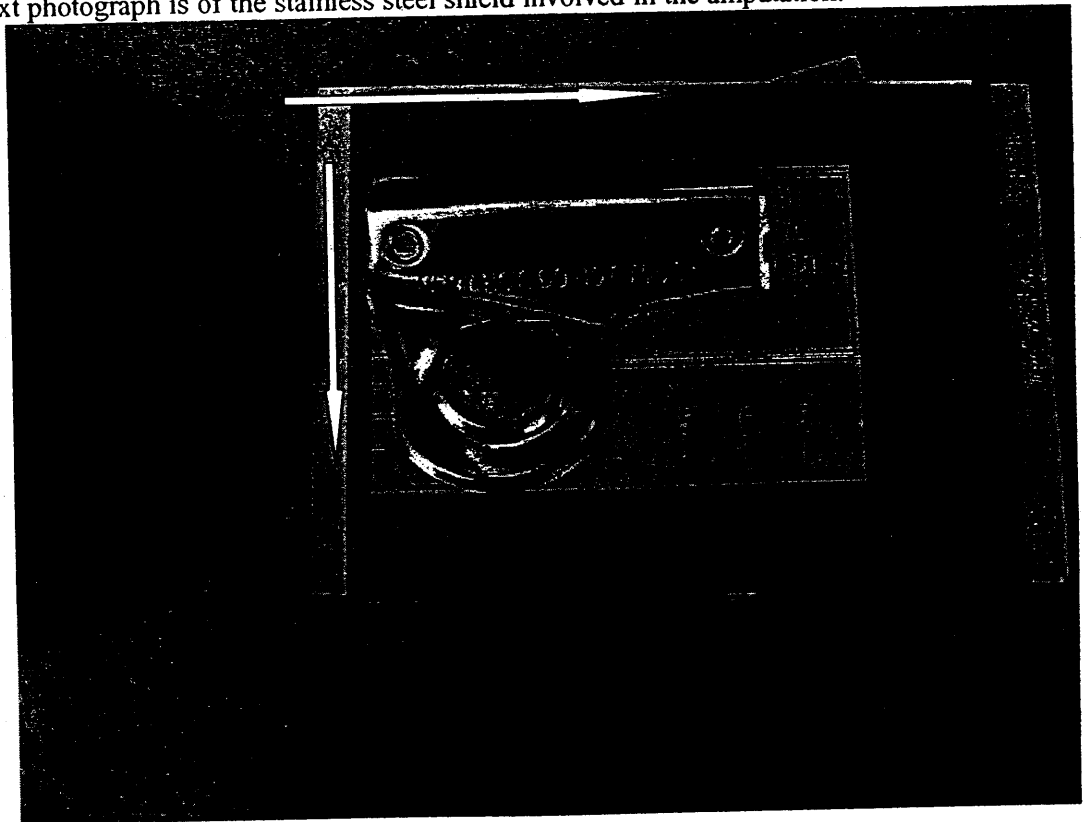


This label was found on the gas tank of the ATV near the handlebars. There were no other safety labels found on this ATV.



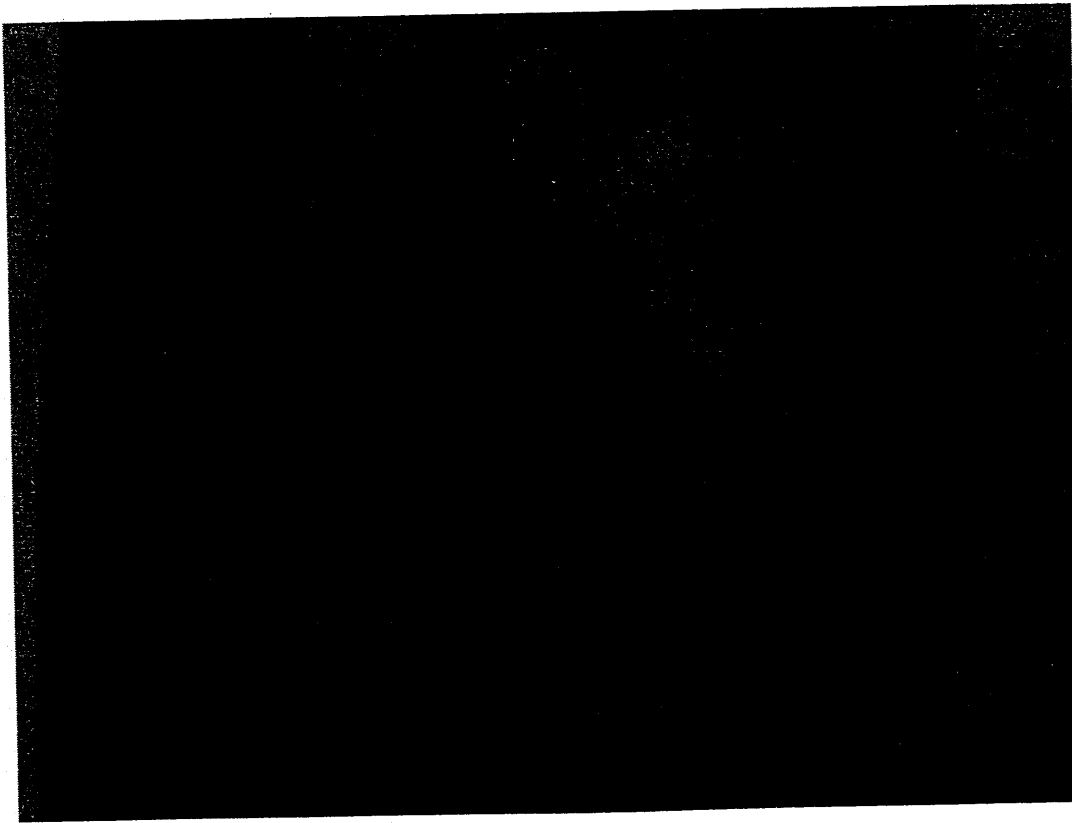
In the above photograph, the victim is believed to have inserted her foot under a stainless steel shield similar to this one. In the process the drive chain "entrapped" her foot and amputated all five toes of her right foot. The distance is approximately 13 inches from the top of the seat to the top of the stainless steel shield. The chain is behind the shield.

The next photograph is of the stainless steel shield involved in the amputation.



The above photograph of the bent stainless steel shield is the component that amputated the victim's toes. It measures approximately 17 cm in width (at its top edge) and approximately 11-½ cm at its greatest length. The underside of the shield is relatively sharp.

The next photograph shows the result of the injury incident to the victim.



Other information regarding this ATV is included in the Owner's Manual, which is entitled as an "IMPULS ATV OWNER'S MANUAL". This attachment (#2) discusses the Drive Chain wear and use and the periodic adjustment that may be needed. However, there is no reference regarding any potential hazard associated with the drive chain. (See page 22 of Attachment 2).

In attachment # 3, an Engineer's report of the three separate incidents, including this one, the statement "ALL THREE CHILDREN HAD THEIR TOES AND OR PART OF THEIR FOOT AMPUTATED IN THE SPROCKET THAT IS HIDDEN BEHIND THE STAINLESS STEEL SHIELD SHOWN IN FIGURE 2" is found. This is found in the under the Caption "Unguarded Chain and Sprocket", prior to Photograph 1 of attachment 3.

ATTACHMENTS:

The following attachments are included:

1. ANSI/SVIA 1-1990 STANDARDS
2. ATV OWNER'S MANUAL
3. ENGINEER'S REPORT (requested to be kept confidential and not copied)

4. ORAL DEPOSITION OF DAVID MCMAHON, MANAGER OF
AMERICAN SUNDIRO

5. MEDICAL REPORT

6. Additional data obtained from the attorney regarding the Vehicle involved.

The photograph of the ATV attached is one taken by the attorney showing the bent stainless steel shield that resulted from the victim's foot getting entrapped.